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Gewoon Et'n

An ethnographic study of intergenerational perspectives
on food practices, overweight, and obesity in Eastern Groningen, the Netherlands

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Gewoon Et'n

An ethnographic study of intergenerational perspectives
on food practices, overweight, and obesity in Eastern Groningen, the Netherlands

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To all children, their parents and grandparents

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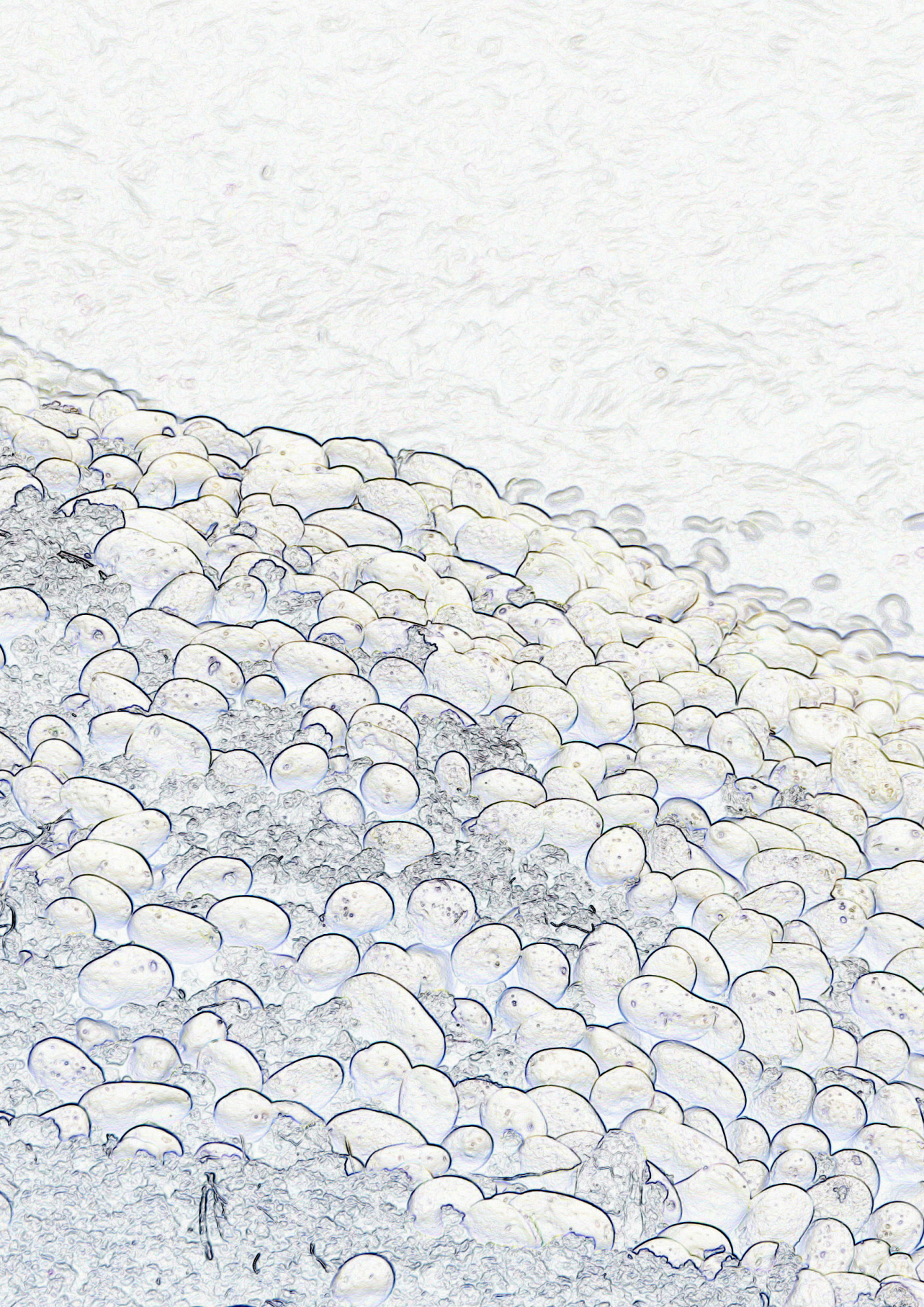
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Chapter 2

Visser, S. S., Hutter, I. and Haisma, H.H. (2015). Building a framework for theory-based ethnographies for studying intergenerational family food practices. *Appetite*, 97, 49-57.



1 /

Introduction and background



Figure 1.1 Hungry Planet

Source: Peter Menzel Photography ©

1.1 Motivation for the study

All over the world, households make food choices that evolved in specific contexts and have specific histories (see figure 1.1, Peter Menzel Photography ©). These food choices have been problematised for centuries, as diet has long been tied to food famines and food insecurity (Dachner, Ricciuto, Kirkpatrick, & Tarasuk, 2010; Lavaque-Manty, 2001), and more recently to rising rates of overweight and obesity. Food patterns and their relationship with health inequalities such as overweight and obesity have been key issues in public health in recent decades in the global North, and, increasingly, in the global South (Abel & Frohlich, 2012); (Ng et al., 2014; Statistics Netherlands, 2015; World Health Organization, 2000; World Health Organization, 2014). The increase in obesity and overweight rates has been attributed to the growing availability of food products in different parts of the world. Even as the quality of food has improved, the quantity of food people today consume has also increased (Ocké, Van Rossum, & Fransen, 2008; Provinciaal Centrum voor Maatschappelijke Ontwikkeling, 2011).

From previous research we know that food choices of people are influenced not only by social inequalities, such as educational level and socio-economic background (SEB) (Baum II & Ruhm, 2009; Devaux & Sassi, 2013), but also by social norms and attitudes towards life (Quick, Gatchel, & Cooper, 2015). These social influences are embedded in everyday food behaviour, family rules, and the eating culture as a whole. Therefore, to really understand overweight and obesity we need to consider how culture plays a role in food choices, and related to that, how people themselves interpret and evaluate health advice. I claim that by gaining a deeper understanding of these interpretations, we can help to explain why many public policies, forms of advice, interventions, and prevention programmes aimed at decreasing obesity and overweight often yield no clear results (Bemelmans et al., 2011; Douketis, Macie, Thabane, & Williamson, 2005; Oude Luttikhuis et al., 2009).

Dutch policy-makers have responded to what is called a *serious epidemic* (of overweight and obesity) by implementing a nutrition policy. This policy was first introduced in 1993 and was updated in 2011 (Ministerie van Volksgezondheid, welzijn en sport, 2011). Its most important objective was “to achieve an optimum nutritional status for the individual and the population, in order to assist in controlling disease and death due to nutrition-related illness” (James, Ralph, & Bellizzi, 1997, p. s11). In December 2006 the Health Council of the Netherlands published guidelines for healthy eating (Voedingscentrum, 2011). Like similar initiatives in other European countries, these guidelines stress the need for taking a multidisciplinary approach that emphasises that there is an individual as well as a collective responsibility for healthy behaviour (Lachat et al., 2005; Ministerie van Volksgezondheid, welzijn en sport, 2011). However, Dutch policies stipulate that the government should intervene only when self-regulatory methods fail.

Although these guidelines were developed with the intention of reducing rates of overweight and obesity, many critics doubt whether they are effective or appropriate (Horstman, 2010; Pieterman, Hanekamp, & Baak, 2005). The guidelines’ medicalised approach to overweight and obesity calls for all people who are obese or overweight, including children, to meet a set of

fixed standards, among which is the social expectation of “getting better” (de Vries, 2007). As de Vries (2007) has pointed out, when a socially undesirable phenomenon such as obesity is medicalised, it becomes easier to justify interventions. However, it is unclear whether people actually need these interventions, or whether these interventions have the desired outcomes for the participants. As Alkire (2005, p.120) has observed, a dialogue to find objectives for (the development of) interventions should start with what “people value and have reason to value”. In conclusion, although our society faces health risks related to overweight and obesity, not all individuals will respond to these risks or even interpret them as risks. Other considerations can be more prominent or important when an individual is choosing a particular food or lifestyle.

Thus, in rethinking the current prevention and intervention programmes we need to gain more knowledge of the needs and perceptions of families themselves and observe their daily lifestyle choices. Amongst others Kime (2011), Parikh et al. (2007) and Wang & Lobstein, (2006) pointed out that we should look at the perceptions not just of the adults in a family, but of *all* of the family members in a household, including the children, the parents, and (in some cases) the grandparents. Because they are often ignored in research, I have chosen to explicitly take into account the children and the grandparents in our study. Although the relationship between the three generations is extremely important in health research, these groups are often studied separately (Farrow, 2014; McKinney, 2015), not jointly (Gruber & Haldeman, 2009).

It is the intention that this approach will allow observations of people’s needs and perceptions regarding healthy lifestyle choices (in this case food choices) develop, and what their needs and perceptions regarding overweight and obesity are. I thus adopt a holistic approach designed to provide us with insights into the perceptions and the priorities of *families* regarding the concepts of food, health and being overweight. By exploring these issues we expect to learn more about how families generate their food choices (Kaufman & Karpatti, 2007; Thomas, Olds, Pettigrew, Randle, & Lewis, 2014).

With this study I aim to contribute to intervention and prevention strategies which aim to decrease the rates of overweight and obesity by providing 1) clear insights into the perceptions of three generations on overweight and obesity; and 2) the perceptions of grandparents, parents, and children of interventions in this health behaviour. These insights are generated 3) by taking an extended and detailed look at the daily food decision-making processes of these family members, related to their actual and valuable achievements in food choices, and the opportunities and capabilities they perceive themselves as having in this process.

1.2 Research aim and research questions

The research thus has three main aims that are interdependent. It aims to:

- Explore how food choices are evaluated by children, the parents, and the grandparents value in a context of childhood obesity
- Explain the opportunities and capabilities in making food choices that the children, the

parents, and the grandparents perceive themselves as having.

- Explain the relationship between the food choices and the views on health, overweight, and obesity of the children, the parents, and the grandparents within their specific social and cultural context.

The research aim has been further developed into research questions that structure the study and the thesis. The main questions to be answered are:

How do family members in the north of the Netherlands make food choices, and how are these decisions related to their social and cultural environment, expressed in terms of valuable achievements, contextual opportunities, and perceived capabilities and agency?

and

What are the perceptions of family members regarding health, overweight and obesity, and related prevention and intervention activities?

1.3 Towards a contextual, integrative perspective on food choices and health perceptions in families

The existing findings on overweight and obesity, and especially the recent move towards using a multidimensional approach to study overweight and obesity, are promising. To understand food choices, it is necessary to take into account both the perceptions of families and the context in which food choices are made.

To achieve such an contextual and integrative perspective on food choices I adopt Sen's capability approach, which highlights the valuable achievements in individuals' lives based on their choices, opportunities, and capabilities (Ferrer, Cruz, Burge, Bayles, & Castilla, 2014). I adopt Sen's capability approach for two reasons. First, this approach views the individual's valuable achievements, and distinguishes these from the person's actual achievements. Second, the approach examines the opportunities and agency the individual has to achieve his or her goals, and how these achievements contribute to the person's well-being. Using this approach helps us to better understand the nutritious well-being of household members and it also emphasises the capabilities and agency of the family members. Crocker (2008) made the following comment about the relationship between the wellbeing, valuable functionings (achievements) and food: *"If food is to make a difference in people's nutritional and wider well-being, it must be food that the individuals in question are generally willing and able to convert into a functioning [...] If people find food distasteful or unacceptable for other reasons, even nutritious food to which people are entitled, will not by itself protect or restore nutritional well-being"* (Burchi & De Muro, 2012). In reference to this remark, I suggest to take a more extensive outlook on food and its relation to nutritional and wider well-being, taking on Sen's capability approach.

I combine the capability approach with cultural schemas (D'Andrade, 1981) because food choices and food patterns cannot be enacted without shared cultural schemas, which are influenced by cultural beliefs. Thus, I cannot provide an adequate account of people's food choices and perceptions of health without taking into consideration how shared cultural understandings are

built and used (Garro, 2000).

In *chapter 2* we present the theoretical framework, which consists of a combination of theories: i.e., the capability approach and cultural schemas. We discuss why we consider these theories to be essential to the study of food choices, and present a framework that can be used in future research that adopts an ethnographic approach.

1.4 Setting the stage – Northern Netherlands

Government and private institutions have observed that in the northern and eastern parts of the province of Groningen (in northern Netherlands), the nutritional status of large parts of the population is poor. The eastern part of Groningen is also among the areas in the country with the highest obesity prevalence (Statistics Netherlands, 2015). Recent studies have found that 22 per cent of the children aged 11-12 living in eastern Groningen are overweight or obese (combined figures) (Sociaal Planbureau Groningen, 2014), and that 22 per cent of the adults are obese and 39 per cent are overweight (Broer & Kuiper, 2013). These shares are considerably larger than the national average for both adults and children. Health professionals and policy-makers have linked these two observations, arguing that the high overweight and obesity rates are caused by poor nutritional status, which is in turn caused by the unfavourable socio-economic conditions in this region, such as low income and low educational levels (Castelijns & Kalverboer, 2009). The trends in and prevalence of obesity and overweight are elements of the interpretation schemes of many health researchers and policy-makers. Among the goals in conducting this research is to find out more about the interpretation schemes of families living in a region with a high prevalence of overweight and obesity. The region is described in detail in *chapter 5*.

1.5 Ethnography

In order to delve more deeply into the perceptions of families regarding their food choices and the socio-cultural context in which these choices are made, the decision was made to take an ethnographic approach in this research. To gain a better understanding of the perspectives of these families, I lived in the region of Oldambt for six months. I learned to understand the local dialect and interacted with families on daily basis.

For my study, I selected several villages in the region with a total population of around 8000. I became acquainted with around 150 residents of these villages, and had intensive contact with approximately 85 people. Around 60 individuals were participants in the in-depth study of food choices and perspectives on overweight and obesity. Thirteen households participated in an in-depth analysis of their food choices. With these households I did observations, (photo-elicitation) interviews and performed anthropometries of them. In six of these households the grandparents were involved in the analysis. Among the participants were five gatekeepers who supported me during my work in the field. The fieldwork was conducted from September 2012 to April 2013. More information on the field work and methods is provided in *Chapter 3*. I continuously reflected on my experiences with participants of all ages, as well as on the methods and the contexts. A detailed account of my reflections of my positionality and experiences in the

field are presented in *chapter 4*. It is relevant to introduce some of the experiences already here, because they reflect the relevance of the context.

The families I spoke to over the course of the study were very eager to know why the study was taking place in their region in particular. I explained to these families that the percentage of people who are overweight is higher in eastern Groningen than in other parts of the Netherlands, and that this was why I wanted to know more about how the families in this region made food choices, and how they perceived their (food) choices. I believe it is important to give voice to some of the comments the study participants made about the policy initiatives and interventions that were being implemented in their communities, and specifically about what they perceive to be a *flood of negative attention*. The comments also reflect how these perceptions influence the participants' food and lifestyle choices.

Yanna (mother): *Why the eastern part of Groningen again? Do you understand why I am so upset about this? The situation here is really not that bad, I do not see that many overweight people, and from watching TV, I know there are many other places where the problem is way worse! But the Groningers do not stand up for themselves. We are proud, but do not show that enough, like the Frisians do.*

Ellen (mother): [it is frustrating?] ...*Well yes, it feels frustrating, that there seems to be some kind of central focus on us [pik hebben op ons]. On this area.*

Roelfien (mother): *My husband always said this is one of the forgotten pieces of the Netherlands. We always will be. We always come in a little behind other areas.*

Judith (mother): *And because the unemployment is high in this region, people always think and say: "Those people in Groningen, there is something wrong with them!" [die mens'n doar, doar is wat met!]*

Judith: *And because of our accent, because we talk a little different [ons geknauw], we are considered stupid or less important. But when I hear people from Rotterdam, they also do not speak civilised Dutch [ABN]! They always say we live in an area where there are whole villages with newspapers taped over the windows, dead villages, and that we walk around with a knife in our hand; it is very sad to hear them say they think that!*

These remarks show that residents of eastern Groningen are frustrated that their region is regarded as disadvantaged, and is therefore targeted by policy-makers as in need of interventions and prevention measures. Crucially, these responses show how the reactions to these initiatives affect the choices and the opportunities of the families. These kinds of comments provided us with valuable information on the history and positioning of the area, which we discussed in detail with the families. We thus hope that our research has enabled us to represent and do justice to

the perceptions and needs of the people themselves in the region.

1.6 Outline of the thesis

In this thesis, we introduce the components of the food choice process, and take the reader through the stages of that process. We present the research findings in the following chapters. In *chapter 2* we introduce the theoretical framework of this research, and in *chapters 3 and 4* I discuss the methods I used during the fieldwork period and our approaches to data analysis. In this study I used an ethnographic approach that included a combination of qualitative research methods. Children provided extensive input to the study, and their views are emphasised.

In chapter 5 I describe the research context in which the study was conducted. As the contextual factors play a large role in this study on food choices, we reflect upon them both in this chapter (on the statistics and literature) and in chapter 8, in which family members give their perceptions of the contextual factors that influence their food choices.

In chapters 6 to 9 I reflect on the empirical findings of the fieldwork while applying several concepts of Sen's capability approach.

In chapter 6 the actual food consumption patterns of the households are described. These patterns are illustrated by photos taken by the children and by quotes of the family members drawn from the observations and the interviews.

In chapter 7 we present the participants' explanations of their valuable functionings in terms of food choice, which are also related to their sense of nutritional well-being. The participants reflected on the difference between their actual functionings (their actual achievements) and their valuable functionings.

Chapter 8 shows the perceived conversion factors and endowments that enhance or undermine the capabilities and valuable functionings of the participants. Some of these contextual factors appear to have a large impact on the (food) choices of the participants.

In chapter 9 we present the participants' explanations of how they feel about their opportunities and capabilities. Children as well as adults expressed clear views on their role within and outside the household, which challenges the assumption that children have a less distinct role in the choice processes of families.

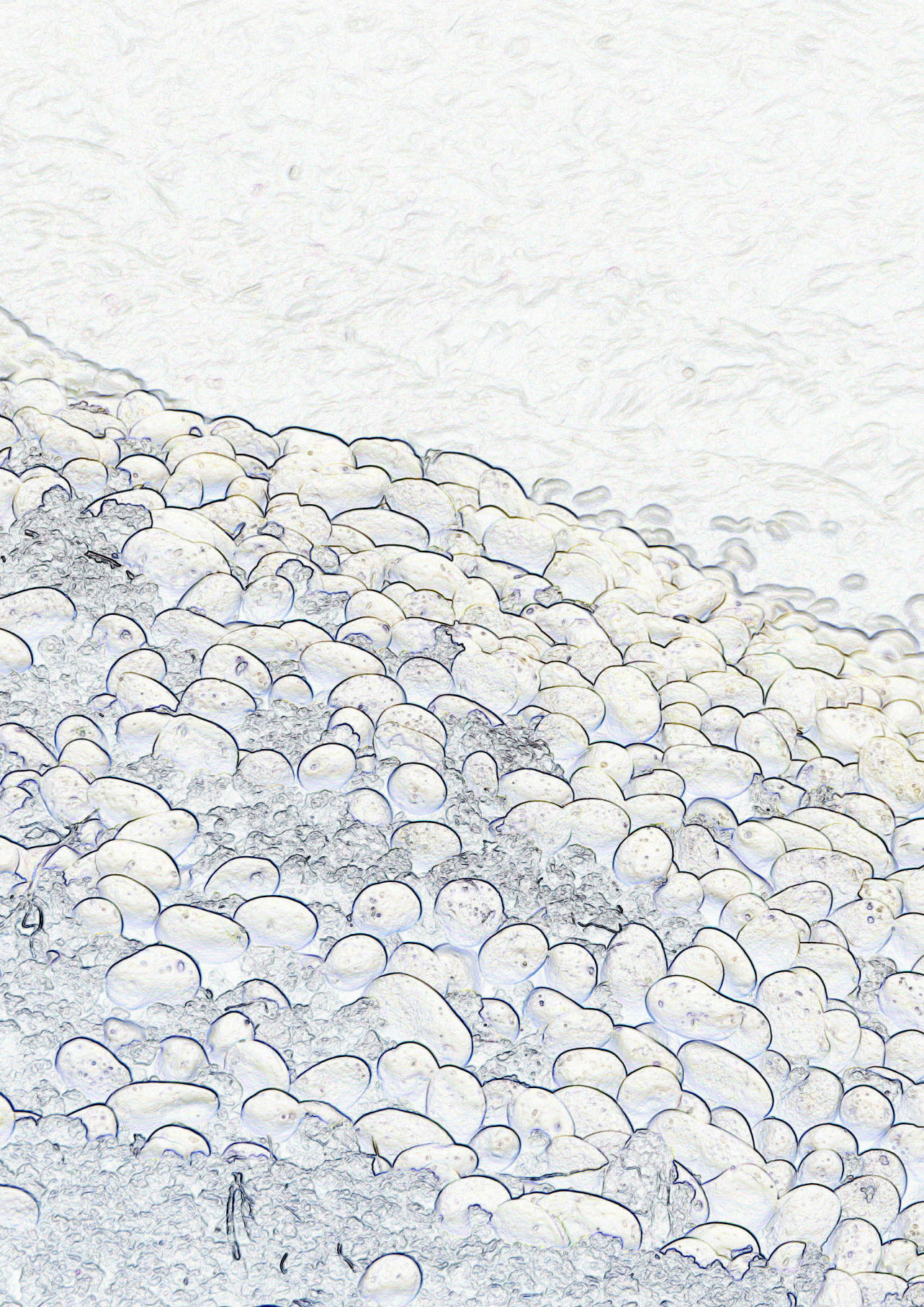
In chapter 10 we present the results of discussions with the children, the parents, and the grandparents about the concepts of health, overweight, and obesity. The participants also reflected on the impact these health issues have on members of their family. The participants challenged how intervention and prevention activities and policies are currently being implemented. Finally, in chapter 11 we present an overview of the main findings of the thesis and the conclusions we draw from these results. We also link these results to current discussions among researchers and policy-makers about food, overweight, and obesity. We discuss some limitations of our research, but also highlight the implications of our findings for policy-makers and health practitioners, and offer suggestions for further research.

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**Building a framework for theory-based ethnographies
for studying intergenerational family food practices**

2

Abstract

The growing rates of (childhood) obesity worldwide are a source concern for health professionals, policy-makers, and researchers. The increasing prevalence of associated diseases—such as diabetes, cardiovascular diseases, and psychological problems—shows the impact of obesity on people’s health, even at young ages. In turn, these problems have obvious consequences for the health care system, including higher costs. However, the treatment of obesity has proven to be difficult, which makes prevention an important goal. In this study, we focus on food practices, one of the determinants of obesity.

In recent years, it has become increasingly clear that interventions designed to encourage healthy eating among children and their families are not having the desired impact, especially among groups with a lower socioeconomic background (SEB). To understand why these kinds of interventions fail to have an impact, we need to study the embedded social and cultural constructions of families. We argue that we need more than just decision-making theories to understand this cultural embeddedness, and to determine what cultural and social factors influence the decision-making process. By allowing families to explain their cultural background, their capabilities, and their opportunities, we will gain new insights into how families choose what they eat from a complex set of food choices. We have thus chosen to build a framework based on Sen’s capability approach and the theory of cultural schemas. This framework, together with a holistic ethnographic research approach, can help us better understand what drives the food choices made in families. The framework is built to serve as a starting point for ethnographic research on food choice in families, and could contribute to the development of interventions that are embedded in the cultural realities of the targeted groups.

Keywords: Food Choice; Families; Sen’s Capability Approach; Cultural Schemas; Theoretical framework; Ethnographies

2.1 Introduction

In recent decades, the growth in rates of obesity has become a cause for concern. Especially after the release of the report “Obesity: preventing and managing the global epidemic” by the World Health Organisation (World Health Organization, 2000), much attention has been paid to the rapid rise in the numbers of people who are obese in both the developed and the developing world (Parikh et al., 2007).

In general, the bio-medical approach attributes the rapid increase in the number of people with overweight and obesity to an increase in food choices, to the quantity and the quality of the food produced, and to a decrease in daily exercise (de Vries, 2007). More implicitly, obesity is considered to be the result of rational choices about nutrition and exercise (de Vries, 2007; Thomas, Olds, Pettigrew, Randle, & Lewis, 2014). As a result, obesity and overweight have become highly medicalised, and framed in terms of measurements and interventions that mostly focus on medical outcomes, such as a decrease in BMI, and in the prevalence of associated diseases and other mono-dimensional health outcomes. Health professionals, the media, and policy-makers frequently portray obesity as being out of control and threatening (Craig, 2005; Gracia-Arnaiz, 2010; Moffat, 2010). But defining obesity as an epidemic is too narrow, as framing overweight and obesity in this way does not reflect social and cultural influences, or the implications of these influences.

A range of social and cultural disciplines have investigated the context and the environment in which overweight and obesity develop. These studies highlighted the link between food and obesity (Kaufman & Karpati, 2007), and showed that food choice is one of the most complex factors that contributes to the development of obesity (Mela, 2001). Thus, in our paper, we have chosen to study obesity issues in context by focusing on the multidimensionality of a valued food choice.

The importance of finding alternative ways of looking at food and the body has been emphasized by scholars such as Evans (2006) (see also (Mol, 2007)), who have argued that in daily life people do not consider food and exercise in terms of risks, but instead relate them to meanings and experiences (Horstman, 2010). Several disciplines have attempted to explain food in more social and cultural terms (e.g., Bruss et al., 2005; Counihan, 1999; Fjellström, 2004).

In addition to paying more attention to the social and the cultural meaning of food choice, in recent years researchers have also acknowledged that food choice cannot be explained by a single theory (Sobal & Bisogni, 2009). Specifically, they noted that in families food choices are made in multi-layered contexts|| (Antin & Hunt, 2012; Fan et al., 2015) in which the children, the parents, and—in some cases—the grandparents build and use their capabilities, meanings, and roles within the family context (Devine et al., 2006; Fan et al., 2015). By contrast, other studies have approached food behaviour using more traditional decision-making theories (Sobal & Bisogni, 2009) that do not reflect the complexity and—in some cases—the irrationality of food choices. A holistic approach to studying household food choices that includes members of multiple generations and their views on factors both within and outside the household setting

has so far been missing (Kaufman & Karpati, 2007).

Therefore, to describe and explain food choices in families from a multidimensional point of view, with an emphasis on the perception of choice, we suggest

- incorporating into a theoretical framework on food choice the functionings, the capabilities, and the freedom/agency (freedoms to choose) of families through Sen's capability approach (Sen, 1999);
- and embedding these food choice processes into social and cultural contexts through the addition of elements of the theory of cultural schemas (D'Andrade, 1981).

In this study, we define the family as a unit consisting of children and their caretakers (parent(s) and grandparent(s)).

In this paper, we aim to describe this theoretical framework, and to examine the concepts relevant to the decision-making processes of families from a social and a cultural perspective, with a focus on the capabilities (freedom of choice) of families. If we wish to understand the functionings, the freedom/agency, and the capabilities of the individual family members (rather than just their food choices), these capabilities should be studied at the family as well as at the individual level, as it may be assumed that family members are always interdependent. The framework can be used for crafting studies from a holistic family perspective.

We have chosen to use the framework of Sen's capability approach for three reasons. First, it provides us with the opportunity to study the valued food choices of the family members, and how these choices affect the families well-being. Second, it allows us to focus on the multidimensionality of food choices, and the related (healthy or unhealthy) food consumption patterns. Third, Sen's framework provides us with insights into how people deal with opportunities and freedom within a context in which there appear to be socioeconomic inequalities. The literature suggests that people with fewer opportunities and lower incomes tend to have less healthy food consumption patterns (Roos, Lahelma, Virtanen, Prättälä & Pietinen, 1998). We argue that inequalities should be seen not only from a socioeconomic perspective, but also from a more general opportunity and agency perspective (i.e., the capability to do or to have (Sen, 1992)). This means that although certain groups of people may appear to have few opportunities from a socioeconomic perspective, we should use social and cultural perspectives as well to identify other factors that might encourage people to make empowered choices, or that might hinder them in making such choices. We also use cultural schema theory, as it supports us in seeking to understand how families interpret cultural experiences and expressions related to food and health. It defines how a macro-cultural meaning system is interpreted at the micro level.

The use of the cultural schema framework can provide us with insights into health behaviour (in relation to overweight/obesity), the context and the capabilities of individuals, and the need for the development of food behavior prevention/intervention programs. While the effects of interventions have been studied, there is little research on the perceived need for interventions

within society. To ensure that the interventions are useful and have an impact on the individuals for whom they are designed, it is important to frame, contextualise, and interpret the perspective of the individual (i.e., the emic perspective) regarding food, overweight, and obesity (Antin & Hunt, 2012). This approach will improve the chances that these interventions will meet the needs of the program participants, and not just the needs of external parties (de Vries, 2007).

2.2 Background

Currently, 35 per cent of adults worldwide (aged 20 and over) are overweight, and 11 per cent are obese (World Health Organization, 2014). Studies on the latest trends in obesity show an increase in the share of overweight and obese people among the cohorts born since the 1950s (Parikh et al., 2007). Some studies have also provided evidence that families with a low socio-economic background (SEB) are particularly likely to have multiple family members who are obese, as these families tend to consume foods of poor nutritional quality (Wang & Lobstein, 2006). Among younger age groups, health organizations have also found that rates of overweight and obesity are growing rapidly (Onis, Blössner, & Borghi, 2010). There is also evidence that individuals who are obese early in life face psychosocial development problems, as well as a higher risk of having difficulties with body weight later in life (Daniels, 2006; Power, Lake, & Cole, 1997). It is essential that we start listening to the perspectives of young children, because it is only through the inclusion of the voices of children that we can understand their role in the family. Although the latest reports from some countries indicate that there has been a slow levelling off of overweight and obesity trends (e.g., the Netherlands) (de Wilde, Verkerk, & Middelkoop, 2013), concerns remain, especially for families of lower socioeconomic status. Some studies have shown that having a low SEB is an individual characteristic that influences a person's access to resources and knowledge of nutrition and health, and thus his or her food choices (Lallukka et al., 2010). Other studies have found that the differences in dietary patterns are related to family characteristics: e.g., that families with a high SEB tend to select healthier foods and that the behaviour of families with children with a higher SEB is more likely to be in line with the dietary guidelines (Patrick & Nicklas, 2005; Roos et al., 1998). Studies have also shown that families with a lower SEB have family meals—which are positively associated with healthier diets—on a less frequent basis (Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003). Therefore, we focus on families with a low socio-economic background. The literature further suggests that in practice, medical interventions often fail to have the intended impact, especially among lower SEB groups (Bemelmans, Wendel-Vos, Bos, Schuit, & Tijhuis, 2004; Busch & Schrijvers, 2010). While there is evidence that community intervention programmes, such as the EPODE (Borys et al., 2012) and the JOGG (van Koperen & Seidell, 2010), significantly reduced the prevalence of overweight among children (as assessed by BMI), this effect did not appear to reach the lower SEB groups (Borys et al., 2013). It is possible that these programs had little effect because they were developed from an etic perspective (i.e., from an outsider's perspective; here, the medical world), and were not embedded in the local context and culture. Other scholars have observed that these (community) intervention programs tend to have a top-down approach, and fail to

involve the people for whom the intervention is designed (Dwarswaard, van Egmond, Janssen, & Putters, 2009). Because social and cultural schemas are often at odds with dietary guidelines, and because the meaning of food can interfere with the healthiness of food, it is difficult to increase awareness of nutrition among people (Mol, 2007; Sobal & Bisogni, 2009; Sobal, 2001), and thus to bring about behavioural changes. We therefore need a holistic approach for studying food choice and interventions in food choice that 1) acknowledges the social and the cultural context of families; 2) takes into account the importance of family and intergenerational roles; and 3) considers the perspectives of the children and their caretakers, and the functionings and capabilities to which they aspire.

Though decision-making models such as the theory of planned behaviour (Ajzen, 1991) give relevant insights into food behaviour, the studies that use these models often focus on a particular (single) behaviour. Making food choices involves decision-making processes from different perspectives that go beyond the question of whether a food product is healthy or unhealthy. In order to understand the complexity of food choices, these perspectives must be taken into account (Murcott, 2002). Unlike the theory of planned behaviour (Ajzen, 1991), Sen's capability approach not only examines choices, but also explores from a development and well-being perspective the multidimensional nature of e.g. food consumption patterns and food choices (Alkire, 2005). Sen's capability approach is a contextual theory, and is therefore connected to a specific cultural meaning system. The concepts of the capability approach are thus influenced by cultural schemas.

Based on the assumption that these concepts are shaped both within individuals and in the socio-cultural context of families these frameworks together generate a holistic approach.

Food choice and Sen's capability approach

Originally developed as an economic theory, the scope of the capability approach was slowly extended from economics to other disciplines. Sen developed the theory as an alternative to measuring inequality and well-being using concepts of income, resources, or utility. According to Sen, the alternatives to measuring inequality include measuring the following: physical and biological differences, differences in living environments, differences in social contexts, differences in the need for social contact, and differences within families (family roles). He also advocated looking at how these differences contribute to inequalities in opportunity, agency, and capability (in making food choices) (Deneulin & McGregor, 2010). Therefore, Sen suggested using the concepts of capabilities and functionings to interpret well-being and opportunities in life (Chiappero-Martinetti & Venkatapuram, 2014; Sen, 1999). The aim of Sen's capability approach is to identify the possibilities of and the restrictions on people's well-being by studying the details of people's perceptions of the mechanisms that influence their freedom, as well as of their opportunities to achieve valuable functionings (Kayunze et al., 2012). Sen observed that many people across the world suffer from some kind of unfreedom (Sen, 1999). His view on freedom encompasses the processes that allow for freedom of action and decision-making, and the opportunities people have to exercise their freedom based on their personal and social

circumstances. In the theoretical framework, we follow the interpretation of the capability approach by Venkatapuram (2011), also outlined in figure 2.1.

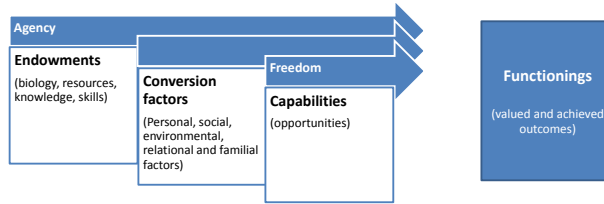


Figure 2.1 Representation of Sen's capability approach (Chiappero-Martinetti & Venkatapuram, 2014)

First, according to Sen, people have desired states in life, or valuable beings and doings, which he also calls functionings. Functionings can vary between individuals depending on their personal interpretation of well-being, as embedded in their cultural meaning system. Sen has argued that to achieve these functionings, all individuals depend on their capabilities. Examples of functionings are being nourished, being a good mother, and being safe. These functionings are by definition plural and not generalisable; everyone has his or her own interpretation of what is valuable in his or her life (including with regard to food). Food choices thus depend on what each family member values. Children may strive to have a tasty meal, mothers may want to make healthy and nutritious food choices, and fathers and grandparents may prefer to eat traditional food. In addition, people must be capable of achieving their valuable beings and doings. The capabilities of people may refer to their knowledge, competencies, psychosocial dispositions, or embodiment of cultural capital as *habitus*; as well as to their nonhuman resources such as economic capital and social power (Grundmann & Dravenau, 2010). These capabilities are used by individuals to increase their freedom of opportunity and achieve the functionings they consider valuable. But capabilities alone are not sufficient for taking advantage of personal and social resources, as they must be accompanied by agency, which allows the person to use his or her capabilities in various contexts. Agency permits people to deliberately choose, pursue, and attain the functionings they desire and need (Khan, 2011). Khan (2011) also argued that information pluralism is needed to create personalised schemes; i.e., that, a wide range of information is necessary to allow everyone to choose his or her optimal state of well-being (see also Balsera, 2014). When a person is not capable of assessing his or her own capabilities (for example, a young child), agency can be less important, to the extent that not having agency does not compromise his or her achievement of well-being. Personal agency is often related to the agency of caregivers. Family members might thus vary in their perceptions of their degree of freedom and their agency opportunities within that freedom: e.g., parents may seek to please their children; children may comply with or defy the wishes of their parents; and grandparents, who often have a special caretaking role, may perceive that they have more freedom than the parents in choosing foods for their grandchildren (i.e., they may —spoil their grandchildren).

In all aspects of Sen's capability approach, individuals should be allowed freedom in terms of process, as well as in terms of opportunity (Crocker, 1992; Sen, 1999).

Endowments and conversion factors are the internal and external factors that enable or hinder a person in making use of certain opportunities and capabilities. Endowments are "the amount of resources (things) available to an individual, (...) public goods and services which are all instrumental to creating capabilities" (Chiappero-Martinetti & Venkatapuram, 2014, p. 711). The conversion factors "are the different personal, social and environmental characteristics of a person that affect—in either a positive or a negative sense—their ability to effectively access and convert their endowments and external conditions into effective capabilities" (Chiappero-Martinetti & Venkatapuram, 2014, p. 711). The differences in conversion factors generate different (or unequal) degrees of freedom in striving for valuable beings and doings (Chiappero-Martinetti & Venkatapuram, 2014).

Thus, the capability approach allows us to study concepts of inequality that can arise from a specific institutional context, or the link between the individual and the institutional context (Oláh & Fahlén, 2013). Sen's observation that capabilities and degrees of agency and freedom vary from individual to individual represents another valuable insight for the theoretical framework. The capability approach allows us to analyse the role of agency and capabilities in negotiations within families, and within and between communities (Balsera, 2014). Moreover, the capability approach does not define which functionings are universal or the best. Instead, it posits that each individual should have opportunities to achieve the functionings that are valuable for that person. Sen (1999) argued that every goal and every decision—whether it is about what to cook for dinner or something else—should be focused on improving human development capabilities. While in some families, food—and particularly highly nutritious food—is highly valued, family members may have different perspectives on food choices, and may place greater emphasis on other values. In addition to the cultural and social perceptions surrounding food, the resources (i.e., the availability of tangible and intangible resources, such as knowledge and the access to knowledge) and the opportunities and agency given to children, men, and women (caretakers) in the political and the cultural context can affect food choices. Therefore, the concepts of functionings, capabilities, endowments, converting abilities, agency, and perceived freedom are important components of the theoretical framework.

Food choice and cultural schemas

In general, people function within a cultural meaning system which teaches them about the availability, the normality, and the history of food within their society (Furst, Connors, Bisogni, Sobal, & Falk, 1996). During their early life, people transform this meaning system into cultural schemas that are based on familiar and pre-acquainted forms of knowledge (Garro, 2000). This process of cultural adaptation is built on the theory of D'Andrade (1981) on cultural schemas. He argued that when an individual rationalises his or her behaviour, he or she uses cultural schemas as directing mechanisms for his behaviour. This schema is defined as generalised collections of knowledge of past experiences that are organised into related knowledge groups, and are

used to guide our behaviours in familiar situations (Nishida, 2005, p. 401). Thus, while humans enter the world with the need to eat food and survive, the moment at which they enter the world through birth also determines the ways in which they interact with other people, and which cultural schemas shape their responses to food (Caplan, 1997; Lupton, 2005). Families' resources and choices about how to use their resources are filtered through cultural notions of, for example, parental identity and well-being (Johnson, Sharkey, Dean, Alex McIntosh, & Kubena, 2011); as well as through the meanings assigned to food, histories of food insecurity and poverty, and personal experiences (Kaufman & Karpati, 2007; Wills, Backett-Milburn, Gregory, & Lawton, 2008). The individual cultural schemas are all shaped and conditioned by the broader cultural meaning system. Most individuals are not aware of the cultural schemas that influence their dietary practices (Feunekes, de Graaf, Meyboom, & van Staveren, 1998), because these schemas are part of early life conditioning. People often do not become conscious of these processes until their circumstances or their knowledge changes. Over the course of a life span, the larger cultural meaning system of an individual may not change, but his or her cultural schemas and behavioural directions based on cultural influences can shift. By interacting with external environments, families adapt and transmit beliefs, attitudes, and values, which in turn shape the behaviour of individual family members; a process that is intergenerational in nature (Bruss et al., 2005).

As we seek to understand (childhood) obesity, it is important that we recognise the role culture plays in the negotiation of multiple messages (Bruss et al., 2005; Sobal, 2001). We therefore have to consider the different levels at which we understand culture within the broader cultural meaning system, which is comprised of the shared cultural schemas of individuals. For example, the cultural schemas regarding the child's role in the family influences the consumption of healthy food in a family. In the framework, we focus on the cultural schemas at the individual and the family levels, and how these cultural schemas regarding food (choices) operate across the different generations within a given family.

2.3 Methods: from theory to framework

By creating an ethnography based on the proposed theoretical concepts, we aim to provide insights into the choice processes related to food and food practices among families in the Netherlands, and then to provide insights into the underlying values and needs people have that are related to health and overweight.

These theoretical concepts are used in our ethnographic research as sensitising concepts (Bowen, 2006). Sensitising concepts are concepts driven by data or ideas, or are concepts from existing theories and literature, that are used to guide researchers in reflecting on the empirical data (Granbom et al., 2014), and in laying a foundation for the analysis and development of thematic categories drawn from the data (Bowen, 2006). We created our framework both through the discussion of the theories *before* the empirical study, as well as through the discussion of the concepts *within* our ethnographic fieldwork.

We created the framework in the design and the analysis of our ethnographic study. The process involved four distinct steps. First, we designed data collection instruments based on the theoretical

concepts. Observation and interview guides were developed in line with the themes we gathered from the theory. Second, we collected data with the theoretical concepts in mind, but remained open to new empirical and theoretical concepts. Participatory methods, such as observation, in-depth interviews, and photo-elicitation interviews, were used to capture the perspectives of the participants. Then, in the analysis, we developed codes from the data while using the theory as a deductive model. We also allowed for inductive codes to arise from the data, as these codes could provide us with new insights into the participants' views and into the theories. These codes were apparent from the data: e.g., prioritising functionings, the role of the family members, and the definitions of being poor, healthy/unhealthy. Finally, we returned to the theoretical concepts and framed the data in a theoretical framework (Hennink, Hutter, & Bailey, 2011). The use of the theoretical framework in the process of conducting and writing an ethnography makes the research process more insightful, and it makes the processes and thoughts of the researcher and of the participants and the potential stakeholders more transparent. Our aim in using this framework is to provide an inclusive and integrated perspective grounded in peoples' experiences, and to generate output with cultural sensitivity. The roles and the perspectives of the family members (and especially of the children) are seen as very important in shaping the content of the decision-making process, and in building the content of the theoretical framework (the house). We applied this theory-based ethnography in the region of north-eastern Groningen (in the northern Netherlands) using a fieldwork approach that included (field) observations, interviews, and photo-elicitation interviews with and the anthropometry of children, parents, and grandparents.

2.4 Synthesis of the theories

Although the theories and concepts we described all contribute to our understanding of food choice (made in families), it is through their synthesis that their contributions to the framework become clear. What people value (valued functionings) is informed by individual cultural schemas, which tend to interact with the larger cultural meaning system. Cultural schemas also play a role in how people perceive their opportunities, their degree of freedom, and their capabilities. Our goal in building this theoretical framework is to move away from the traditional emphasis on the outcomes of behaviour, such as BMI, and to examine concepts relevant to the decision-making process in families from a social and a cultural perspective, with a focus on the capabilities (freedom of choice) of families; in our case, to engage in valued food practices. The introduction of Sen's capability approach shows us that the capabilities and agency of individuals are at optimal levels only if people have the freedom to choose their behaviour, have the ability to engage in that behaviour, and can choose which functionings are important to them. Interventions that seek to influence food choice should therefore be just as concerned with the level of capabilities as with the levels of functionings, freedom, and agency from the perspective of children, parents, and grandparents. Because food-related behaviours are related to other behaviours, the process of choosing food becomes even more important. The following framework shows our synthesis of the theories discussed above.

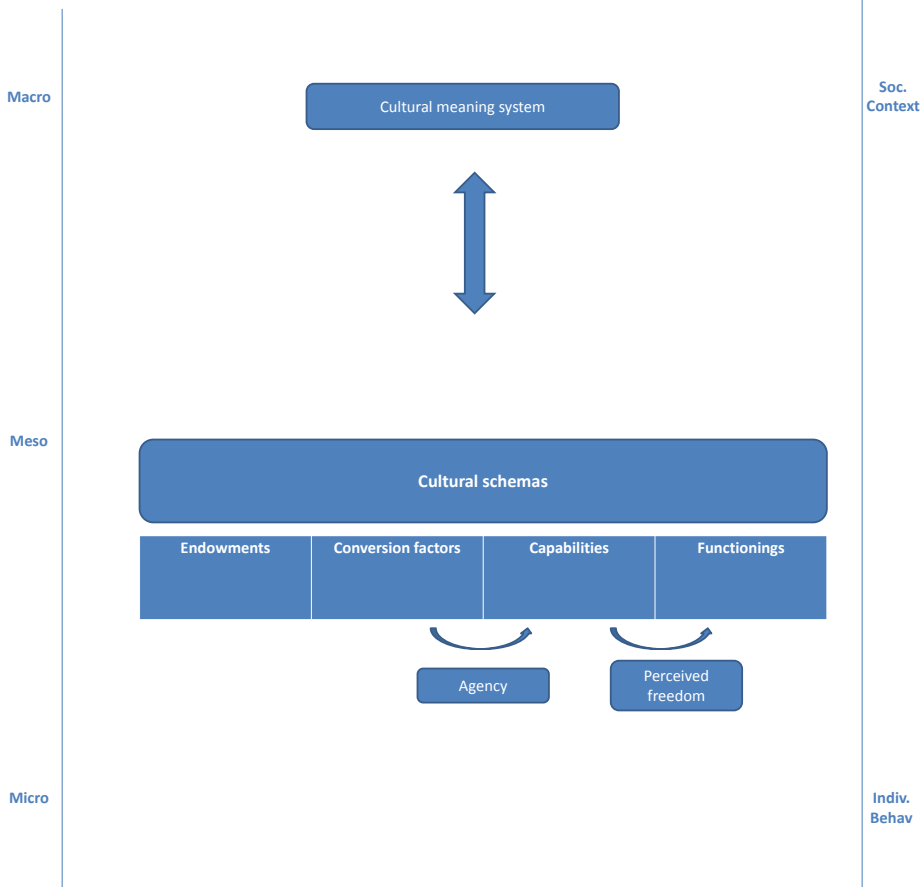


Figure 2.2 Illustration of the theory synthesis (partly adopted from Chiappero-Martinetti & Venkatapuram, 2014)

Figure 2.2 shows the close collaboration between cultural schemas, capabilities, functionings, agency, and freedom at the individual and the meso levels; and that the cultural meaning system plays a role at the macro level. Unfortunately, in every society there are structural inequalities that systematically prevent groups from pursuing their valued functionings and capabilities. These theories look at motivation, capabilities, and freedom from a holistic point of view; i.e., the perspective of the people. This point of view is needed if we wish to understand the perceptions of community members regarding the direction and the coherence of the factors that contribute to food choice.

Cultural schemas represent an indispensable contribution to the study of the decision-making process. An individual's capability and ability to adopt those cultural schemas and values that are compatible with the position he or she would like to have in the social system can be part of the person's functionings. For example, a person who feels she belongs to a lower class in

the social system may feel discouraged from using her agency and skills to change her direct personal environment. Meanwhile, another person may not feel the need to change, and may be satisfied with the capabilities and functionings he has already developed. Well-being is rooted in social arrangements and personal characteristics, but individuals within a culture are formed by their cultural schemas, which enrich their values and perceptions of freedom (Grundmann & Dravenau, 2010). Furthermore, cultural schemas interact with the ways in which resources are used, and with the availability of the resources required to fulfil cultural schemas. Thus, cultural schemas will be ineffective and will not contribute to the process of growth if the resources needed to realize these schemas are lacking (Grundmann & Dravenau, 2010). The combination of resources and cultural schemas can empower a person to develop new impulses and directions if the person is motivated to change or sees a need to change. The theories that make up the essence of our theoretical framework indicate that food choice needs to be considered from a macro to a micro perspective, with individuals being seen as the main decision-makers. Sen's capability approach and cultural schemas lead us to consider the (unequal) distribution of capabilities and opportunities among people, and on how they handle their agency; i.e., how individuals make sense of and utilize the human and non-human resources and cultural schemas available to them (Grundmann & Dravenau, 2010; Khan, 2011). People also classify themselves and others according to cultural schemas, which may cause them to define themselves as being poor or lower class (Swindle, 2014). We therefore need collect the lived experiences of specific groups in order to understand how people perceive and live their lives (Khan, 2011).

2.5 A theoretical framework for an ethnography on family food practices

Sen's capability approach and the cultural schema as described by D'Andrade constitute the basis of the theoretical framework that we apply in our ethnographic study on family food practices. The framework is built on the decision-making processes in families. In her paper on the use of the capability approach in practice, Robeyns (2005) stressed the importance of the family as the subject of analysis in research on capabilities and freedom, arguing that the assessment of capabilities in such a context provides us with insights into the distribution of power and agency in a society. Many capabilities are interdependent at the family level, and although all of the family members can have their own functionings and capabilities, not all opportunities can be realized or are compatible. For example, a couple who have children may be jointly responsible for making the food choices for their family, but in practice the woman may be left to make the food choices. This situation will influence the functionings, agency, and capabilities of the other family members. Different families may have different considerations when it comes to making food choices, depending on how compatible the capabilities and agency levels of their members are. Children should be no exception, as they also have a right to establish their capabilities and functionings, although their agency may be shared with that of their parents (Nussbaum & Dixon, 2012).

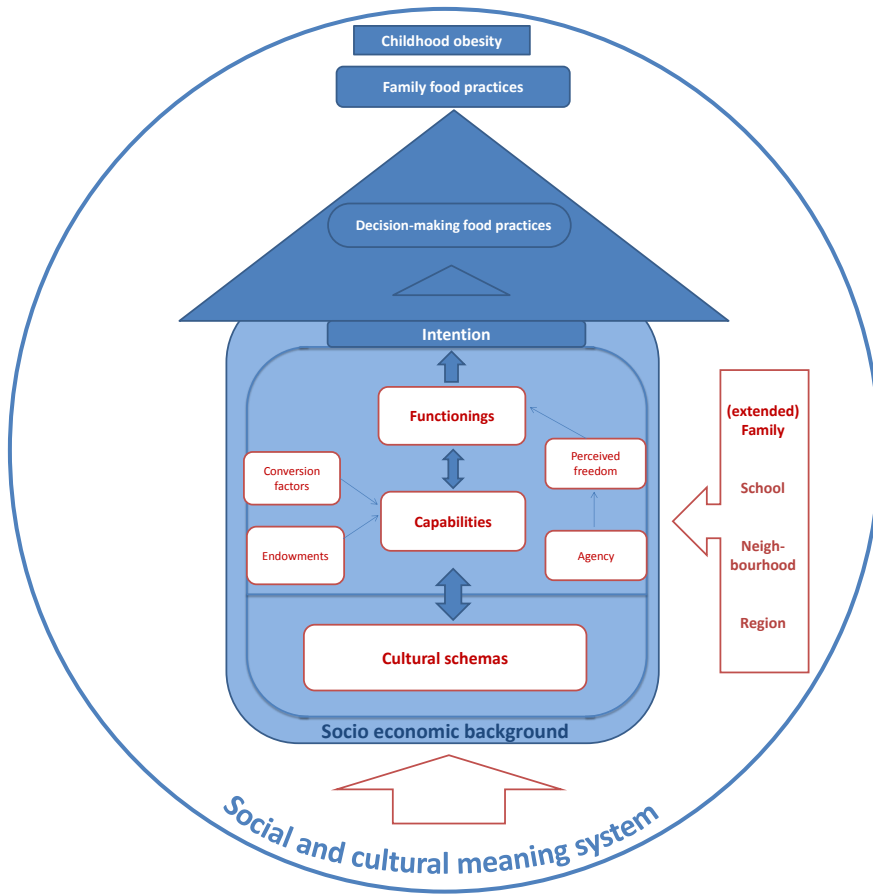


Figure 2.3 Theoretical framework on the family food choice process, inspired by the capability approach (Sen, 1999) and cultural schemas (D'Andrade, 1981)

Figure 2.3 shows how the theories have been integrated into a theoretical framework. When looking at the circle, we can see that the surroundings of the house(hold) are shaped by the social and cultural meaning system and the spaces that are negotiated by family members, such as the neighbourhood characteristics and the school environment. When we then look inside the house we can see conceptualizations of Sen's capability approach and of D'Andrade's cultural schema. The ground floor represents a conceptualization of cultural schemas. Gradually, we move into the conceptualization of Sen's capability approach (functionings and capabilities, influenced by endowments and conversion factors, freedom, and agency) at the top floor. Although these processes of choice may be more or less automated over the years, changes can occur in the family's situation that lead to a reconsideration of the food choice process, such as the addition of a new family member or changes in the family's financial situation. The theoretical framework we developed is designed to support the creation of new theory, and of concepts that refine existing theories, through ethnographic study design and the analysis of the ethnographic data.

2.6 Conclusion and discussion

In the development of this framework, we chose to include certain theories. We used Sen's capability approach and cultural schemas to embed valued food choices in a multidimensional cultural context. This framework, together with an ethnographic approach, can help us better understand what factors drive food choices made in families, and the extent to which they are built on the needs (if any) and the perceptions within the community.

The results of our analysis based on this framework revealed that the food choice process has several crucial elements: first, the different contexts in which the food choice takes place; second, the roles of the different family members in the food choice process in terms of their agency, their opportunities, and their valuable functionings; and, third, the role of the social, cultural, physical and political surroundings in which the family makes their food choices. These elements can only be taken into account by using a holistic approach to examine family food choice. Because in most cases the family members consider the children to be the focal point of their choices, the analysis of family food choices revolves around the needs, opportunities, and capabilities of the children.

We have chosen not to include other valuable theories on the food choice process, or on choice in general. The theories and concepts we used in the framework were selected based on a social-cultural perspective, and on whether they are helpful in explaining the decision-making process. Insights extracted from the framework can contribute to the development of interventions that are responsive to the lives people live, while taking into account their capabilities, their functionings, beliefs, and cultural backgrounds. In line with a number of other scholars (Shannon, 2014), we believe that, if we open up the discussion of the definitions of health and obesity and decisions regarding food choice, to address topics beyond those of BMI and the cost of food, we will gain a better understanding of the range of ways in which children and their caretakers define and interact with their food environment, and of how they make optimal choices for themselves and each other. We therefore need input from multiple disciplines that consider not only the medical, but also the economic, the political, the social, and the cultural factors that affect a family's food choice. Our findings can contribute to the creation of an intergenerational perspective that includes the voices of children and their caretakers from a holistic perspective, and that can be used in crafting intervention and prevention initiatives.

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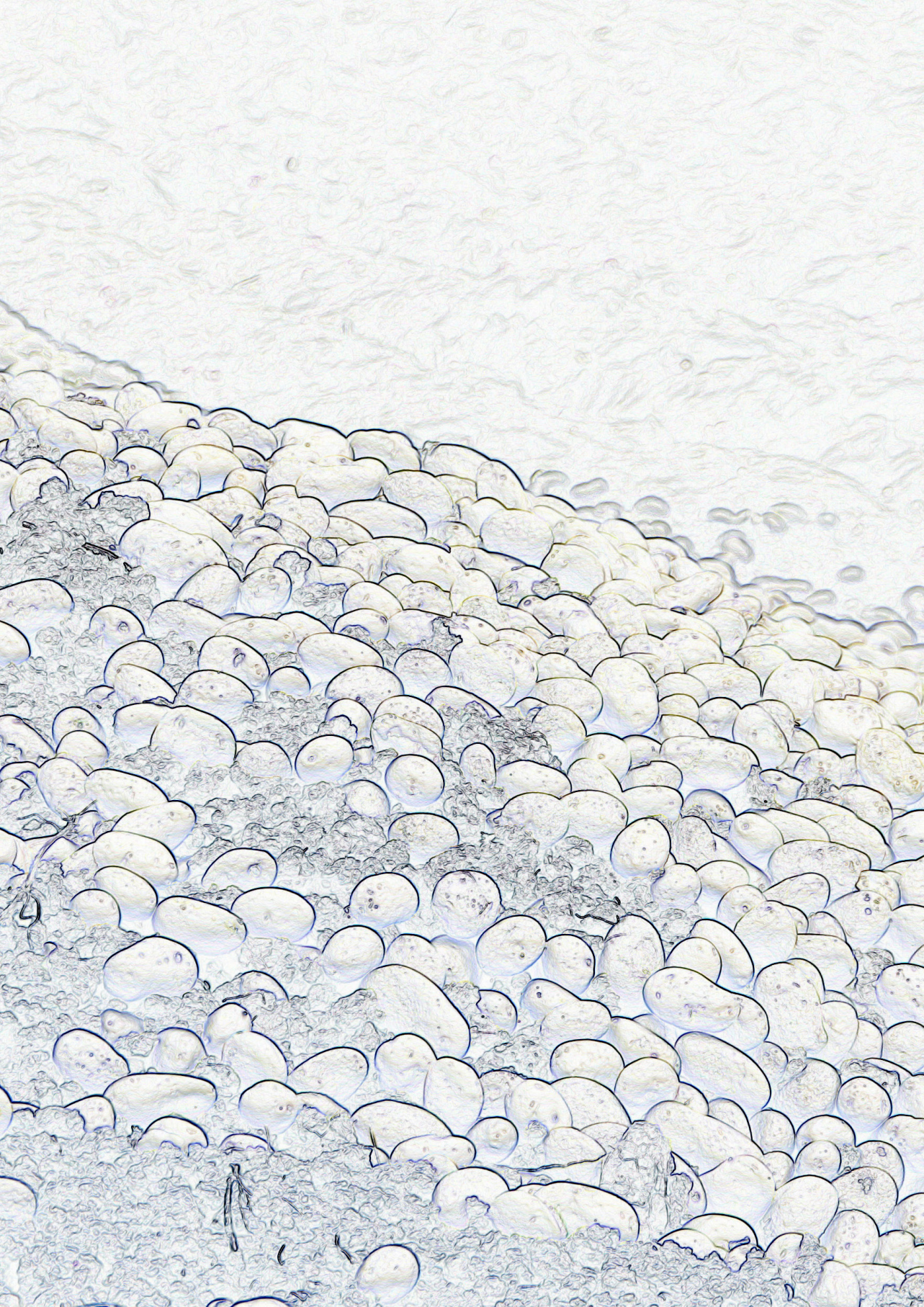
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3 /

Ethnography: The approach, method, way of research

3

3.1 Introduction

The theoretical framework we constructed and presented in chapter 2 is supported by an ethnographic approach: we want to allow the people's own words to be heard in conjunction with theoretical concepts and theoretical interpretations. Conducting a study that uses an ethnographic approach entails making decisions about methodology, ethics, and analysis. In this chapter I briefly describe how I selected the research site and the methodology I used in the ethnographic approach. I also address some ethical issues, and describe my analysis procedures.

3.2 Ethnography – Why there

In the previous chapters has been explained why I decided to use an ethnographic approach in this research. In this following sub-section I briefly explain why I chose to focus on the north-eastern part of Groningen in the Netherlands.

The prevalence of overweight and obesity in this region is higher than in most other regions of the Netherlands, especially among children. The larger study area has been selected based on the socio-economic background (SEB) and the prevalence of overweight of the population.

I selected the specific study site based on four criteria:

- the Youth Score (Jeugdscore) ranking in *Kids Count*¹ (Steketee et al., 2010),
- the percentage of children who are living in a household receiving social welfare (Indicator Youth score),
- The average (standardised) household income in the municipality (Statistics Netherlands, 2014), and
- the percentage of children in the municipality who are overweight (indicated by the Youth Health Care (Jeugdgezondheidszorg, JGZ).

I screened 11 municipalities in the northeastern region of Groningen using these four criteria, and selected the municipality of Oldambt as the research site for the following reasons:

- Four villages/neighbourhoods of Oldambt are ranked in the top 10 in the Youth Score (based on postal code, northeastern region of Groningen).
- Oldambt is ranked 22 in the Youth Score of Kinderen in Tel (the municipality with the lowest score is ranked one and the municipality with the highest score is ranked 431) (Kinderen in Tel, 2014).
- In the municipality, 71.8 per cent of the children are living in a disadvantaged neighbourhood and 6.52 per cent are living in a household receiving social welfare (Kinderen in Tel, 2014).
- The standardised household income in Oldambt is 20,600 euros per year, and is thus significantly lower than the national average household income of 24,000 per year. Oldambt has one of the 10 lowest average standardised household incomes of all

1 Kids Count (Kinderen in Tel) evaluates municipalities in the Netherlands based on their recognition of children's rights (according to the UN convention on the Rights of the Child). This "Jeugdscore" is based on 10 indicators, including which "children living in a deprived neighbourhood", "children in youth care", and "juvenile delinquency" (for more information (Steketee, Mak, & Tierholz, 2010).

municipalities in the Netherlands (Statistics Netherlands, 2014)

- Oldambt has the highest combined share of adults who are overweight or obese (61.5 percent), and 18.8 per cent of the children in the municipality are overweight or obese (Primary Education) (GGD, 2013)

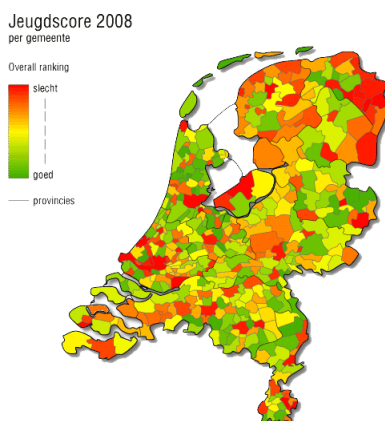
It is important to note that the current municipality of Oldambt is a merger of the richer municipality Scheemda, the poorer municipality of Reiderland, and the municipality Winschoten. These municipalities merged in 2008, changing the positions of the former municipalities. In 2009 the municipality of Reiderland was in fourth place in the Kinderen in Tel ranking, and in 2010 the municipality of Oldambt was in 22nd place (Kinderen in Tel, 2014). Prior to the merger, Reiderland had a higher ranking in the Kids Count than Winschoten and Scheemda. I therefore conducted the research mainly in the part of Oldambt that used to be Reiderland.

3.3 State of affairs

The following maps, which were developed by the Nationale Institute of Public Health and the Environment (RIVM), provide overviews of the national situation on public health. I highlighted the municipality of Oldambt on all maps. These overviews offer more detailed information on the topic of research, and visualise the criteria for the selection of the region.

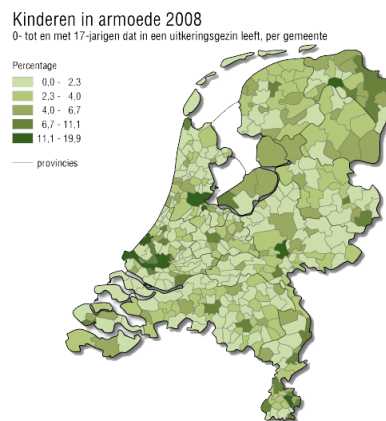
Map 3.1 shows the general Youth Score at the municipality level. It indicates that the municipality of Oldambt has a “bad” score in the overall ranking, which implies that the living conditions of the young people who live in this municipality are not optimal. Although research has shown that indicators such the Youth Score have an influence on lifestyle choices, with this study we wanted to find out how the residents feel about the role of these indicators in their lives, and whether these indicators play a role in their food choices.

Map 3.2 shows one of the indicators of the Youth Score: the number of children living in poverty. The map demonstrates that in the municipality of Oldambt the percentage of children who are living in poverty is above average. We wanted to find out whether, and, if so, how this ranking affects the food choice of the families who live in the community.



Map 3.1: Youth Score

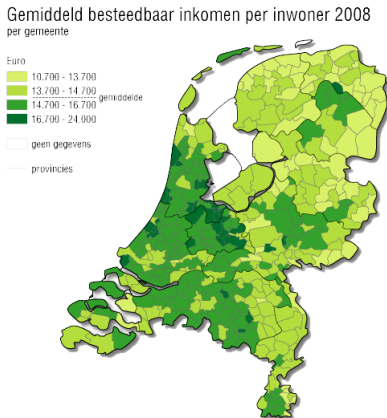
Data source: Verwey Jonker Institute



Map 3.2: percentage children living in poverty

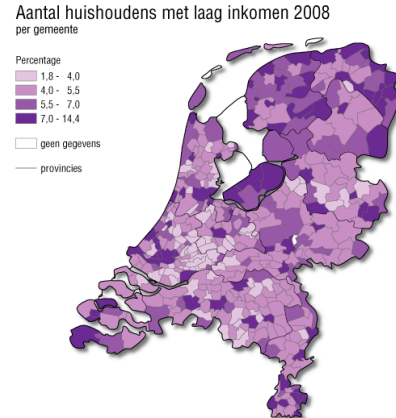
Data source: Verwey Jonker Institute

Other indicators for the index of socioeconomic background are the average income of the municipality and the numbers of household with a low income (Maps 3.3 and 3.4). The average income in the municipality of Oldambt is 13,400 euros, compared to average of 14,900 euros across the Netherlands (Map 3.3). The percentage of households with a low income in the municipality is 9.7 per cent, compared to 8.3 per cent across the Netherlands (Map 3.4).



Map 3.3: average income per capita

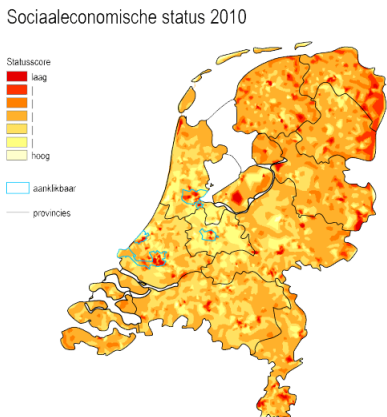
Data source: Statistics Netherlands



Map 3.4: percentage households with low income

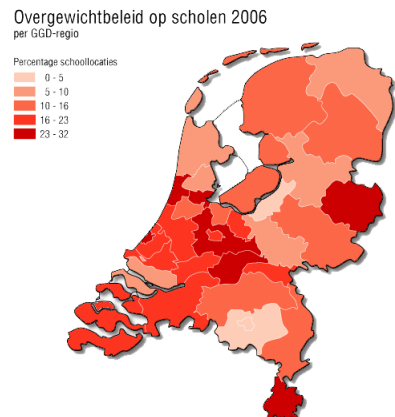
Data source: Statistics Netherlands

The Netherlands Institute for Social Research (SCP) developed status scores that reflect the social status of a district (postal code). The institute developed these scores based on the social characteristics of population, such as their educational levels, incomes, and labour market positions. We can see that most postal codes in the municipality had low social status scores (Map 3.5). Maps 3.6 to 3.8 give some indication of the health prevention and policies in the municipality of Oldambt. Map 3.6 shows the percentage of schools with an overweight prevention policy.



Map 3.5: Social status score

Data source: The Netherlands Institute of social research

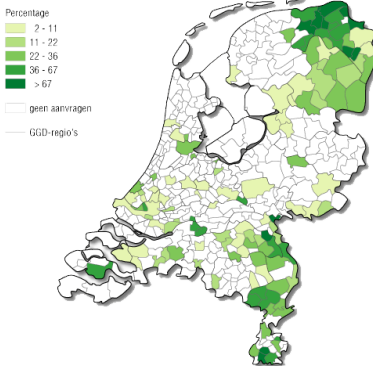


Map 3.6: Overweight prevention policy schools

Data source: RIVM

Food policies are developed to support healthy food choice. In this dissertation we also address the question of whether participants are aware of these policies, how they experience those policies, and whether the policies support the food choices of the families. Map 3.7 displays the percentage of schools that have applied for SchoolGruiten, a school-based project that provides free fruit to schools. Map 3.8 provides an overview of the general food policies in schools. In all three maps the municipality of Oldambt scores in the lower segments.

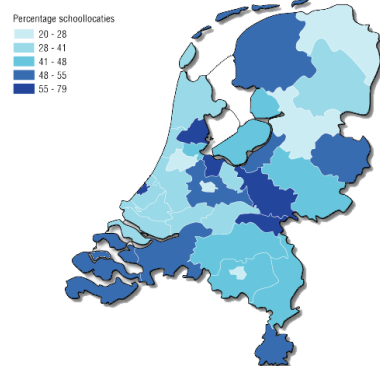
SchoolGruiten 2010
per gemeente, aanvragen basisonderwijs t/m juni 2010



Map 3.7: School Gruiten at schools

Data source: Steunpunt Smaaklessen

Voedingsbeleid op scholen 2006
per GGD-regio



Map 3.8: Food policies at schools

Data source: RIVM

Although I have been highlighting in this sub-section the problems this region faces, I wish to emphasise that the focus in this study is on the communities' and the families' capabilities and freedoms within the issues that are perceived as being problematic. Although the region scores below average on most indicators, the ethnographic approach provides us with opportunities to go beyond the numbers, and to show the opportunities and capabilities the people in the region see themselves as having. In the following I will describe in greater detail the ethnographic approach and the methods I used.

3.4 Ethnographic approach

I used the main methodological approach in the field of cultural anthropology, ethnography (Gupta & Ferguson, 1997), to study the food choices from within a community and to reflect on the complexity of food choices made in the context in which people live; i.e., from an emic perspective (Peterson & Pike, 2002); (Morey & Luthans, 1984). I conducted my fieldwork for six months in order to get acquainted with the region and its culture, and to establish close contacts with families in the villages. I focused on the cultural context in which people behave and in which families form their norms, values, and habits. Because food-related behaviours and food choices are often not conscious, these choices and behaviours are highlighted in relation to cultural acts and their cultural environment.

In this research I followed the *iterative-inductive* approach to ethnographic research (O'Reilly, 2009), which means I used both inductive (new data) and deductive approaches (theoretical

insights). I therefore assume that data were theory driven, but that the data also added to the building or rebuilding of the theory. To describe and explain certain concepts or behaviours from within the population under study, several methods were used together.

In the ethnography I focused on a contemporary theme and on a research topic in a developed research area. These are choices that can be linked to conceptual as well as to methodological developments in the field of anthropology (Hylland Eriksen, 2001). Next to a more focused methodology and topic I also used participatory methods in the ethnographic work, which implies that the participants were closely involved in the whole research process (Pelto, 2013).

3.5 Population and families in the research

In my fieldwork I met a large number of people, but not all those people were directly involved in my research. The area I lived in had around 40,000 inhabitants, but I chose to restrict my analysis to several villages with a total population of around 8000. I estimate that I met one-tenth of these people in the course of my research, I talked to around 250 people, and I got to know around 150 people by name. I had intensive contact with around 85 people, and I conducted an in-depth study on food choices with 60 people. This includes five gatekeepers who supported me during my work in the field.

With my help, 13 households conducted in-depth analyses of their food consumption patterns. These families all had had at least one child between the ages of eight and 12. I chose to include children in the 8-12 age range because I assumed 1) they would consume their meals at home, and 2) were old enough to participate in research and understand the topic of food choice. I involved the grandparents of six of the households. The table shows some key characteristics of these families.

Name (pseudonym)	Composition of the core household	Age parent(s) and children	Place of residence (years)
Family Adema	Married, 2 children	Father: aged 36 Mother: aged 34 Children: aged 11 and 14	Finsterwolde, 16 years
Family Bakker	Divorced, 2 children	Mother: aged 32 Children: aged 6 and 8	Winschoten, 15 years
Family Foekema	Divorced, 2 children	Mother: aged 34 Children: aged 8 and 12	Winschoten, 10 years
Family De Groot	Married, 1 child	Father: aged 55 Mother: aged 50 Child: aged 12	Beerta, 22 years
Family Havinga	Married, 2 children	Father: aged 49 Mother: aged 49 Children: aged 9 and 14	Beerta, 12 years

Family Hofman	Divorced, 2 children	Mother: aged 32 Children: aged 5 and 9	Bad Nieuweschans, 3 years
Family Kloosterhuis	Married, 2 children	Father: aged 41 Mother: aged 40 Children: aged 10 and 12	Finsterwolde, 19 years
Family Lukkien	Married, 2 children	Father: aged 34 Mother: aged 33 Children: aged 11 and 14	Finsterwolde, 24 years
Family Niewold	Married, 3 children	Father: aged 38 Mother: aged 31 Children: aged 11, 9, and 8	Heiligerlee, 15 years
Family Oosterhuis	Married, 3 children	Father: aged 54 Mother: aged 41 Children: aged 11, 13, and 15	Midwolda, 10 years
Family Rubingh	Married, 2 children	Father: aged 42 Mother: aged 40 Children: aged 11 and 15	Finsterwolde, 18 years
Family van der Vaart	Divorced, 2 children	Mother: aged 35 Children: aged 9 and 11	Bad Nieuweschans, 19 years
Family Westra	Married, 1 child	Father: 46 Mother: aged 44 Child: aged 10	Beerta, 23 years

3.6 Methods

In the ethnographic approach it is difficult to distinguish the methods that are used from each other. The methods are all intertwined, as the observations may lead to new topics for conversation, and vice versa. In the following sections, I will describe the different methods that were used in the study.

3.6.1 Observations

Field observations

Field observations were used to provide a context for the social and the cultural setting of the research (Hennink, Hutter, & Bailey, 2011). The observations made over the course of this research can be divided into different stages. Before starting to participate in activities, I first made field observations. This stage gave me the opportunity to slowly introduce myself to the

research setting, and to observe it passively. During this initial observation period, I observed people in public places— such as supermarkets, cafeterias, cafes, and social public places—to find out how they relate to food and food practices, and how they engage in social activities related to food. Through these field observations, I could enter the lives of participants for a few hours or days or months, noting how their lives were arranged, how their food consumption patterns were put into practice, and how the meanings they assign to food were shaped.

In the later stages I observed specific community members or activities related to the research topic (Hennink et al., 2011). I volunteered at several community institutions and activities during my fieldwork including an activity center, a mothers' group, a food bank, and a primary school. My goal in volunteering was to immerse myself in the community, and to learn more about the daily lives, patterns, and routines of the residents (Crang & Cook, 2007). My observations of the activities and its participants helped me to gain an understanding of the relationships, the habits, and the norms of the people who were involved in the research (Crang & Cook, 2007). This "deep hanging out" (Wogan, 2004) introduced me to new sets of relationships and emotions, as I was involved in the community, and was not just observing it. With the use of an ethnographic approach, the researcher generally attempts to strike a balance between making unobtrusive, yet still involved observations; and offering an objective interpretation of the activities that become part of the researcher's temporary new life (Crang & Cook, 2007).

I also used my observations as a basis for identifying the *silent norms and values* in the community. Because I took my own norms and values into the research setting, I myself became an instrument in this process (Walsh, 2004). I will discuss my impact on the research setting in chapter 4.

Field diary

The ethnography is built on the field notes I made during my time in the field. Keeping a field diary is a way to structure and process the observations in the field. While taking detailed notes about the events that occur over many days might seem like a large task, these notes contribute valuable information to the research process. In addition to making it easier to identify the important topics and findings in the field work, a field diary can provide insights into the research process of the researcher, providing what has been called "an audit trail of experiences" (O'Reilly, 2009). During the first days I wrote about the experiences I observed in the field in their "purest form", because it is often initially unclear which aspects or events will turn out to be most important for the purposes of the study (see Picken, 2013). In these first days I was observing these experiences for the first time, and was still a "stranger" to the population and the area. The steps I took to learn about food choices can thus be traced (Tobin & Begley, 2004). In later stages the notes were more focused towards the research topic.

I took three kinds of notes during my fieldwork. First, I made *head notes* during significant situations or conversations. The majority of these head notes I kept in my memory, but I made detailed written notes of the most important observations (Emerson, Fretz, & Shaw, 2011).

Scratch notes are brief written notes that provide information for more detailed notes, and that act as reminders (Emerson et al., 2011). These notes are used to trigger memory in the later write-up phase. I regularly made scratch notes by writing down some key words in a small notebook during an activity or shortly thereafter. I sometimes withdrew from a situation to write down some quick notes, by, for example, going to the toilet. I also developed some shorthand symbols that represent some common themes, such as a smiley or a *plate* symbol. The children were generally not bothered when I took written notes during an activity. In many situations, however, I wanted to engage with people directly, and thus avoided taking notes. On some occasions I decided to take head notes only, and wrote full notes shortly after the event. This approach made it easier for me to establish rapport with members of the community. In some cases, I asked the study participants for consent to record potentially interesting meetings or activities using a voice recorder. This allowed me to fully participate in an activity while also recording important conversations.

The scratch notes were used as the basis for the full notes (Emerson et al., 2011). These full notes represent the first detailed descriptions of the time, the people, the environment, the activities, and the behaviour of the people observed during the fieldwork period. In addition to keeping a field note diary, I kept a diary with memos, thoughts, and reflections on the data; and a personal diary in which I reflected on personal issues related to the fieldwork.

Observations made by the families themselves

After a period of making field observations, I used non-participant, structured (or systematic) observations in the household, which consisted of recording meal times without the researcher present (Fitzpatrick & Boulton, 1994). These more systematic observations allowed me to get accurate and detailed information of events, while also providing the opportunity to review the recordings (Fitzpatrick & Boulton, 1994). These observations were made by asking the families who were involved in the research to record a meal time. Not all of the families were willing to record a meal time for reasons of privacy, but six families agreed. A video camera was used to record a meal time setting, preferably the evening meal when all members of the household were at home. I set up the camera in the house together with the parents, and gave instructions on the use of the camera. The parents were in charge of turning the camera on and switching it off. The participants were thus able to record observations of themselves.

After the recording of the meal time I returned to the house to pick up the camera. I then analysed the recordings using an observation scheme (Appendix 3) with observation points: e.g., the people who were present, the products that were consumed, the manner of serving, the manner of eating, the reactions to food, and the behaviour during the mealtime. After the recordings were analysed they were saved in a secure environment.

In choosing this observation method I considered the reactivity of the members of the household to the camera. Because I was not present during the observations, the family members did not experience reactivity towards the researcher, but the camera alone may have created some changes in behaviour (Gittelsohn, Shankar, West, Ram, & Gnywali, 1997). I tried to make the

families aware they should act as normal as possible, and we ran the camera a couple of times before I left the house so they could get used to the process. Afterwards I reflected with the family members on the recordings.

3.6.2 Interviews

I used in-depth interviews to provide insights into the meaning of food and of food practices to the family members. The interviews conducted in this research should be distinguished from the kind of in-depth interviews conducted in qualitative research in terms of the duration and frequency of the contact with the study participants, and the quality of the relationship between the interviewer and the participants (O'Reilly, 2009). The interview settings ranged from informal conversations in various locations to formal interviews with several families in the community (Walsh, 2004). I met with and spoke to the families on several occasions, sometimes during prearranged visits, and sometimes during more casual interactions. Because I met with and spoke to the families on multiple occasions, I was able to analyse the community's perceptions and interpretations of events and actions related to food in considerable depth (O'Reilly, 2009). The frequency and the intensity of the contact also gave the participants more insight into the research process, and led them to feel that their contribution was valuable. During these interviews I combined flexibility with structure. I ensured that the interview was focused on food issues, but the order of the interview was left to the interviewee (Legard, Keegan, & Ward, 2003). The formal interviews (accompanied by photo-elicitation) were tape recorded. The interviews took place at the house of the participant(s), or in a public place if the participant preferred another location. The interviews had an informal character, which lowered the threshold for taking part. I distinguish between the interviews with adults and the interviews with children. Both started from the same point, but the tone and the questions differed. For the interviews with adults only the participants themselves had to give their consent, while in the interviews with children the children as well as the parents had to give their consent. The participants were given a pseudonym in the analysis and reporting for purposes of confidentiality.

3.6.3 Photo-elicitation interview

During my fieldwork I introduced the community to so-called photo-elicitation interviews, a visual method used to provide more insight into the identities and the specific standpoints of the participants than traditional interviewing techniques typically offer (Johnson, Sharkey, Dean, Alex McIntosh, & Kubena, 2011). In these photo-elicitation interviews, the interviewer and interviewee discuss a specific topic while looking at photographs (Johnson et al., 2011). I used this method in my interactions with the children, and as an introductory activity when I started to work closely with families. While there are different photo-elicitation research approaches, in this study I chose to use the informant-produced images approach (Pink, 2007). This method increases the involvement of the participants in the study, as it allows them to take their own photos (Clark-Ibáñez, 2004; O'Connell, 2013).

As a first step, I asked the children I met during fieldwork to take photos of their interpretation of food or food-related items or situations. I used these photos in a pilot run of the photo activity, and later used them in the data analysis process. The pilot gave me some ideas about the children's responses to this activity, and about the kinds of photos they would take depending on the instructions I gave.

After this pilot run I asked the children of one family to take pictures of the things they thought were related to food and food practices. Because this was often the first research activity I would do with a family, we planned a family meeting and discussed the research. Before starting the activity, the parents and the children read and jointly signed a consent form in which they agreed to participate in the research. After we discussed examples of the kinds of photos they could take, I gave the children a disposable camera and instructions on how to use the camera. In households in which there were multiple children aged 8-12, we discussed how they could share the camera. I then left them in charge of the camera and asked the parents to interfere as little as possible; the parents could only interfere if the children were not taking care of the camera or if they were taking photos of people without asking permission. I asked the children to take at least 15 pictures related to food and food practices. After a week I collected the cameras at the children's homes and asked them about their experiences.

I developed the photos and invited the children for an interview during which we discussed the photos. The photo-elicitation interview (PEI) was designed to create a comfortable environment for discussion and to encourage children to talk openly about the topic of food and about "the meaning of food". I started each interview by asking the children to look at the photos and to give their initial responses to the images. I then asked the children to select the photos they wanted to discuss in more detail, and I asked them which photo they thought was most important. The children were given copies of the photos they took as a gift. The photos were scanned and saved in a secure environment.

3.6.4 Anthropometry

I used anthropometric measures in the 13 core families to gain insights into the bodily composition of the community under research. Anthropometric studies can provide information on the bodily composition of a population.

I took measures of the height, the weight, and the waist circumference of the children and the parents based on the WHO guidelines on the use and the interpretation of anthropometric measures (Samuelson, 1997). The measures were taken using a standardised scale, a mobile length meter, and a tape measure. To measure the height of the parents and the children, I asked them to remove their shoes, place their back and heels against a wall, and keep their heels together while looking at a point in front of them. The measurement has been rounded up to 0.1 centimetres.

The weight of the participants was measured using a standardised scale. Before the measure, the participants were asked to remove their shoes and to stand up straight in the middle of the scale (marked by two foot prints) while looking at a point in front of them. The weight has been

rounded up to .1 kilograms.

To measure the waist circumference, I used a SECA measuring tape. The measurements were done over the underclothing (e.g., a thin top or undershirt). The participant was asked to stand up straight and to inhale and then exhale. At the end of the exhale the waist circumference was measured at the midpoint between the lowest rib and the top of the pelvis. I took the average of two measures. The measures have been processed in an Excel file.

The cut-off points for the children are based on the Dutch cut-off points for BMI of the Dutch Institute for Youth Health (Kist-van Holthe et al., 2012). The cut-off points for waist circumference among Dutch children were developed by Fredriks, van Buuren, Fekkes, Verloove-Vanhorick, & Wit (2005). The cut-off points for adults are based on the WHO guidelines for cut-off points for BMI and waist circumference (WHO Expert Consultation, 2008).

3.7 Analysis

Throughout the fieldwork I collected a broad range of data from the interviews, photos, observations, anthropometry, field diary, and memos. I analysed each data source using different procedures.

All of the the interviews and memos were transcribed and saved as text documents. Both the interviews and the memos were analysed with Atlas-TI, a data processing programme for qualitative analysis. The transcripts of the interviews and memos were loaded into this programme, which allowed me to analyse the data the participants provided.

The first step in the analysis was code development (Hennink et al., 2011). In this phase a part of the interview and the memo data were used to identify a range of codes. The codes of the first three interviews were collectively discussed with the other two main researchers. After we discussed the manner of coding and agreed on the codes for the first interviews, I proceeded to code all of the interviews.

I then started an open-coding phase (Hennink et al., 2011) in which I used the codes to label all of the interviews and memos. These codes were assigned to words, parts of sentences, or several sentences. Some sentences were assigned several codes because they applied to multiple themes or subjects. I also added In Vivo codes, context codes, and memos (reflective of the data). Using this process, I retrieved a code tree with 451 codes.

After I had coded all of the transcripts, I deleted the double codes and merged codes that were very similar into a single code. I then categorised the codes and grouped them into meaningful categories (family codes) in Atlas TI (total of 31 families), which provided me with a higher hierarchy of codes. In the next step I created super family codes (10 super families).

In the last step I examined the codes assigned to each family, looking for repetition within or between interviews, common topics, and differences. I considered the relationships between the families and conceptualised these relationships in a network view, or an overview of the links between these families (Atlas.TI).

The codes were created inductively as well as deductively (Hennink et al., 2011). The codes were based on the words of the participants and the theoretical framework, as described in chapter 2 (which was also used in the development of the interview and observation guides).

The first-level codes generated themes I did not anticipate beforehand. Some of the super families I created from the family codes were related to the theoretical notions I included in the theoretical framework. For example, “cultural schemas” and the concepts of Sen’s capability approach were visible in the data, but the content of these concepts was not anticipated, and was a result of the open-coding strategy. I also did a word count of the interviews and the memos to get an indication of the words which were often used in the interviews. This hierarchy also provided me with some insights into important issues related to food and food choices.

The interviews with the grandparents, the parents, and the children of each family were coded jointly in order to provide a comprehensive image of each individual household. After coding all of the interviews, I compared the interviews of each generation (children, parents, and grandparents) and searched for commonalities and differences within and between the generations.

The photo-elicitation interviews were coded using the same strategies as those described above, and some specific strategies were used for the analysis of photos and text together. The photos were included in the transcript of the interviews, and were also imported into Atlas.TI. The words or the sentences used by the children in reference to the photos were coded and linked to the specific item in the photo. This approach made it possible to link quotes from the interviews to the photos, and the photos to codes and families. I also coded the photos separately from the interviews in order to focus on the specifics of the images. These were codes I induced myself. This separate coding of the photos gave me insights into general patterns, including patterns related to eating, products, and regularly photographed themes. I also created a network view based on the photo analysis to establish a triangulation of the results (Moran-Ellis et al., 2006).

Only a few researchers have written about the analysis of field diaries in ethnographic work. Most of these authors mentioned having used a field diary to support their observations from the field, and reported that they analysed the field diary. They did not, however, describe their method of analysis (Clifford, 1990). Therefore I analysed the field diary with the family codes that I retrieved from the interviews, and used the data to support or discuss perceptions from interviews and observations.

All of the data in an ethnography are contextualised and added to the thick description of the data (Kitchin & Tate, 2000), but the field diary and observations in particular contributed to a rich description of the community and its cultural meaning system.

3.8 Reliability and validity

As LeCompte & Goetz (1982) pointed out, ignoring threats to the credibility of the results of ethnographic research ultimately weaken their credibility. During the 1980s, considerable

attention was paid to reliability and validity issues in ethnographic research (LeCompte & Goetz, Spring 1982). There has been renewed interest in these issues in recent years (Morse, Barrett, Mayan, Olson, & Spiers, 2002). We concur with scholars who have argued that ethnographic researchers should consider reliability and validity throughout the research process, and not just as evaluation issues, as has often been the case in recent ethnographic research (Morse et al., 2002).

3.8.1 Reliability

We recognise that within an ethnography the internal reliability of the study is based on an elaborate description of the design, the data analysis, and the data collection during and after the fieldwork (de Jong, 2007). Although ethnographic data collection approaches are among the most complex approaches to replicate, we made an extensive effort to provide an accurate description of the design (chapter 2), the data collection process, and the analysis (chapters 3 and 4) of this study. This description adds to the external reliability of the study, and can make it easier for others to generate the same constructs in the same or in similar settings (LeCompte & Goetz, 1982). Furthermore, the social role, status, and position of the researcher needs to be described (LeCompte & Goetz, 1982). I did this by means of an audit trail and a field diary.

I increased the interrater or interobserver reliability by recording observations and interviews, and asking participants to reflect on the data. In my research, I compared data from several methods and interviewed stakeholders and gatekeepers within the community. This allowed me to triangulate the data, and ensure the reliability of the data (de Jong, 2007).

In the analysis of the data we jointly coded data, to strengthen the analysis and avoid ambiguous data analysis (LeCompte & Goetz, 1982; Morse et al., 2002). This also adds to the external and internal reliability of the data.

3.8.2 Validity

In Chapter 4 I provide a detailed discussion of my role in the field; i.e., of my positionality and its consequences for the data. I believe that living among the participants and collecting data for a relatively long period of time provided me with the opportunity to refine the constructs, and to reflect on the similarities between the scientific categories and the participants' interpretations. Thus, this approach represents a valuable contribution to the validity of ethnographic study (LeCompte & Goetz, 1982).

The use of observation and interview techniques allowed me to conduct research in the natural setting of the participants, which reflected the environment in which participants experienced daily life (de Jong, 2007).

3.9 Ethics

Because I was conducting ethnographic research involving close contact with the community and with children, I paid special attention to the ethics in the study. The research may be beneficial to the participants, in the sense that their views on food issues are being heard.

This research has been approved by the ethical committee of the Faculty of Spatial Sciences, University of Groningen. Below we elaborate on the ethical considerations of this study.

3.9.1 Power and status

The first consideration was whether to choose an overt or a covert role in the field. I chose to be overt in my role as a researcher in the study, and to communicate the research aims of the study I was conducting. Although the topic may have been sensitive for some of the participants, I tried to create an open and honest atmosphere by clearly explaining to the participants the reasons for my research. My choice to play an overt role may have influenced the way people interacted with me. It was my responsibility as the researcher in the field to create a safe and trustworthy environment in which the participants could relate to me and be open and honest about their experiences. I tried to establish rapport with the community members and to get to know them personally by getting involved in activities in the community.

I used several strategies to balance the power between the researcher and the participants. I was open and honest about the nature of the research, my role, and how the data would be used in the future. In addition, each of the participants had the power to decide which types of information he or she was willing to share with me through his or her involvement in the methods. Furthermore, I gave the participants the opportunity to reflect on the results of the study before I used the results for publication. The gap in status between the researcher and the participants diminished when they were asked to reflect on the information they provided during the research period and to reflect on their interpretation of the research (Pain & Francis, 2003). In the research with the children, the first power imbalance I encountered was that the children were often trying to please the researcher. Some researchers have argued that children do not have enough reflexivity to comment on their own experiences (Morrow & Richards, 1996). I encouraged the children to have their own voice in the research. I acknowledged that the reflections of the children were reflections of the way they experience their world.

3.9.2 Permission and informed consent

I began the process of seeking permission for the ethnographic research by informing the gatekeepers about the research. The primary gatekeepers in the community (social work, Centrum voor Jeugd en Gezin, primary schools) were informed about the research and took on the role of gatekeeper to the community. These gatekeepers supported the recruitment of individual participants. I informed the community in the study area about the research by talking to community members and by leaving leaflets at public places (the gatekeepers).

I asked permission from the individual participants when conducting interviews, observations in private settings, and photo-elicitation sessions.

Because the research also involved children, specific attention was paid to the informed consent of this group. Both the parents and the children were asked for their informed consent before the photo-elicitation activities and the interviews with the children took place. Obtaining informed consent also created an open and honest research setting. Having the autonomy to

decide whether they wished to participate in the research gave the children control over their individuality, power, and privacy (Heath, Brooks, Cleaver, & Ireland, 2009). The informed consent of the children was obtained in written and in verbal form. The adults involved in the study were asked to give verbal consent to their own interviews.

3.9.3 Harm to informants

The participants in this research were not exposed to physical harm.

The research topic could be experienced as harmful or (too) private. I tried to establish a rapport with the participants by avoiding making normative statements about food and food practices, and instead allowing them to assign their own meaning to food. When I felt or the participants indicated that the topics in conversations or interviews were harmful or too private, I skipped the topics or did not go into them in depth.

3.9.4 Confidentiality

In qualitative research it is difficult to ensure confidentiality (not disclosing information that is discussed between the researcher and the participant), because the researcher will publish the research findings, often by including quotations. What can be assured is anonymity. In public reports the names of participants were made anonymous by providing each individual participant with a pseudonym. I am the only person who can tie the information to the names (and other types of private information) of the participants. In addition, only the researcher has access to the recordings of the interviews, and thus to the original data. The data have been stored in a secured office and saved in a secured database.

3.10 Visual methodology and the ethics

Some specific considerations apply to the use of visual methodology in research (Pink, 2007).

Harm, representation, and permission to publish

I included the possibility that the pictures would be published in the informed consent because the photos taken by the participants can provide additional information about their private context or situation. I assured the participants that their identities were protected in the public report if they could be recognised from a photo. The photos that reveal people's identities were blurred by digital editing.

Exploitation and giving something back

Through their involvement in the ethnographic visual methods, the participants were sharing parts of their personal and private lives with the researcher. The photos the participants took during the research period were given to the families in printed form. The photos taken during the community projects were shared with the gatekeepers, who could then decide whether and, if so, how the photos might contribute to projects in the region.

3.11 Concluding remarks

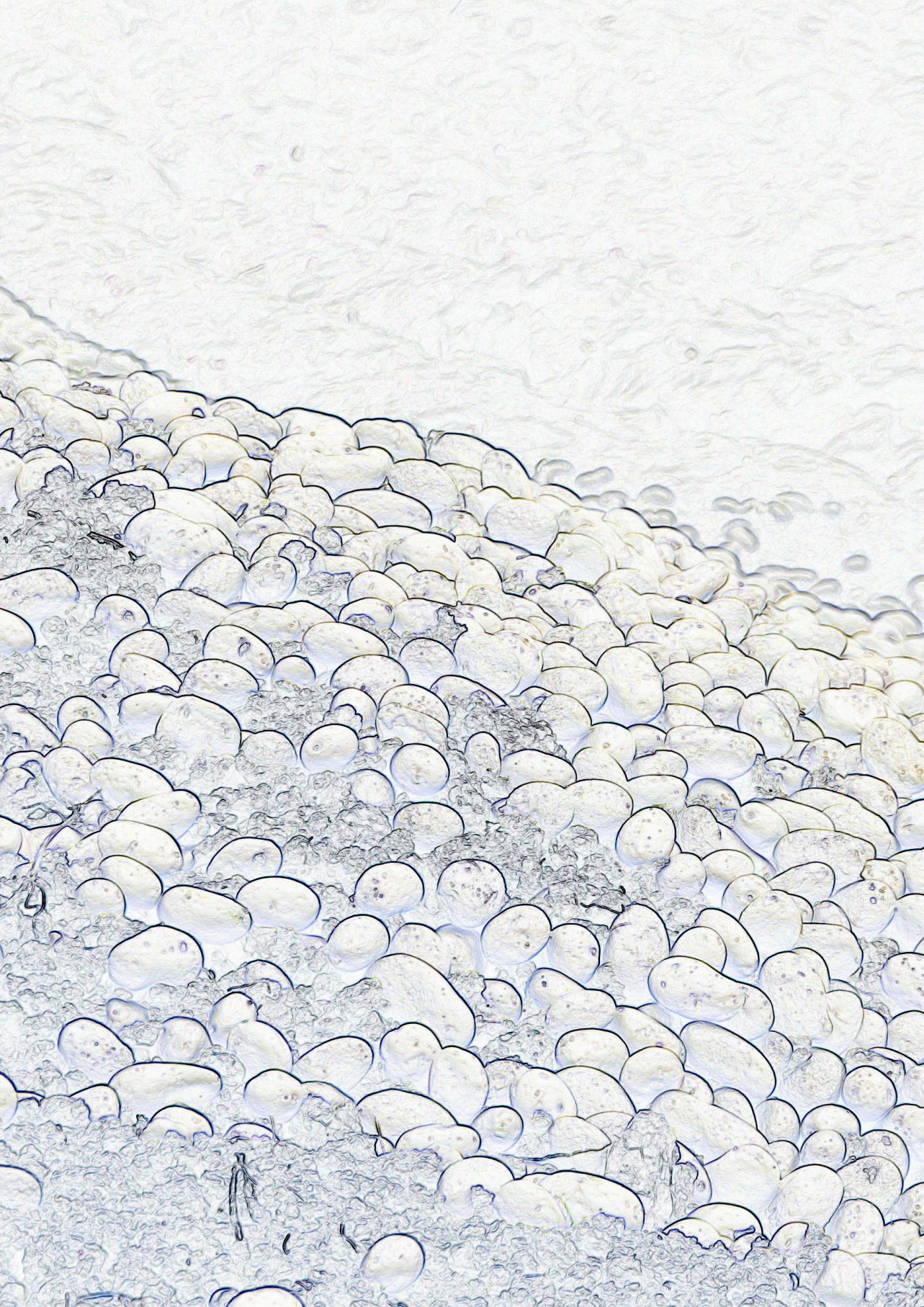
The decisions regarding the research methodology and the approaches used in this study were explained and elaborated on in this chapter. These decisions were made carefully to ensure the quality of the data collection, the data analysis, and the results. In the next chapter we will elaborate on the positionality developments and the issues that arose while I was in the field.

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4 /

Doing Ethnography – Positionality

4

4.1 Introduction

All researchers who collect data have their own experiences of embarking on the research, recruiting participants, and collecting data. In my role as an ethnographic researcher, I was living in unfamiliar surroundings. I therefore consider it important to reflect on the research process and on my position within it. In this chapter I will describe how I developed my research strategy, and how I collected data together with members of the community. I also explain where I positioned myself in new situations during the fieldwork, including in unknown, unexpected, and difficult circumstances. These reflections are intended to provide the reader with insights into choices I made in the process: i.e., my choices regarding my entry points into the community, my methodology, and my position as a researcher. This information is important for interpreting the data and for understanding the setting in which the data were gathered.

I will first describe the steps I took in the fieldwork. I will then reflect on my positionality in the field and on the methodology I used.

4.1.1 Access

My fieldwork considerations started with a question posed in a scientific environment: i.e., in a room at the university after a meeting with professionals on the topic of research on preventive care and nutrition. My decision to conduct ethnographic fieldwork was based on the remarks the health professionals made about trust issues between (potential) clients and the professionals. We talked about how we could build trust and approach people on sensitive issues such as overweight and obesity. We also discussed how we as researchers could be independent passengers who listened to people's stories without passing judgment and without trying to change their behaviour directly. We concluded that living and working in the field would allow us to make valuable contributions to this kind of ethnographic research.

Gaining access to this field was one of my first considerations, because the entry points define the process and the progress in the data collection period (Crang, 2007). I had established some initial contacts in the area of research a few months before the meeting with health professionals, through an organisation that focuses on health issues in the province. This organisation had drawn up a social map of the province of Groningen, and was able to provide me with details of all the organisations working with health and food in the region of Oldambt. In addition to gaining an understanding of the general health service programmes, I was specifically interested in learning about local initiatives on food and lifestyle. One organisation in particular was working on food choices outside of the school setting. I contacted the woman who was coordinating these activities, Maria.

Maria was my first contact in the municipality of Oldambt. I asked her if we could exchange some ideas on food, food choices, and prevention and intervention in her working environment. She was very enthusiastic, and invited me to come and visit her workplace one of the villages in the municipality of Oldambt. Through my contact with Maria and with the health professionals in the symposium, the prospect of living in the municipality of Oldambt became more realistic and attractive. When I emailed Maria to tell her I was thinking of living in Oldambt, she offered

to show me more of her work by inviting me to volunteer at one of her cooking classes before I began my fieldwork.

I realised at that point that it was very important to think carefully about my first steps into the community, as the means through which I gained access to the community might affect which people would be involved in the research and the responses of the population. I saw that Maria had contacts with a specific part of the population, but that she could not, of course, incorporate the whole community into her work. I realised that I would meet a lot of families and young people from the community I wanted to work with in this setting, but that I also had to get involved in other settings.

Thus, before I started the actual fieldwork I contacted other organisations in the municipality that were working with low-income families or food. I contacted the VoedselBank (food bank), Humanitas, an organisation that works extensively with disadvantaged families and schools in the area. I asked all of these contacts for information on opportunities to volunteer within their organisation, and informed them about my research. I told my contacts that my main aim was to get to know the context in which they operated, to volunteer in my research environment, and to become a somewhat familiar face. It was not my intention to recruit participants for my research by engaging in volunteer work.

Thus, my first step before starting my fieldwork was to establish contacts with people from organisations and activities in the region; the so-called *gatekeepers*. These gatekeepers were familiar with and enthusiastic about my research, and had expressed a willingness to show me the contexts in which they were working and living.

My purpose in *moving into* the region was to establish direct contacts with people in the community. To take this step, I needed a place to live. I placed advertisements in the local newspaper and on online services, and contacted the local housing association. The first strategy was the most effective. Ultimately, I rented as a sub-let for a period of six months a very nice farmhouse located close to a church in a protected section of the village of Oostwold. Importantly, I was living in or near the villages in my study area.



Figure 4.1 Living environment

I am only 40 kilometres away from my hometown, still I am on fieldwork. And it also feels like fieldwork.

4.1.2 First feelings

Landscape

When I rode into Oldambt on the first day with the awareness that I was going to live there, I was surprised by the instant connection I felt with the town and its surroundings. This part of the province of Groningen is famous for its wide panoramic views, and I enjoyed discovering these views for myself. While many people had warned me about the area's "grey and endless landscape", particularly in winter, I appreciated these characteristics. The agricultural landscape and the Oldambt lake also provided stunning views. The seasons were changing as I arrived, and I watched the farmers harvesting their crops during the first month I spent there. Throughout my fieldwork I enjoyed my bike rides to neighbouring villages, and observing my surroundings change with the season, as the fields turned into clay soil. One of the first notes I made in my field diary was about the landscape and its characteristics, which were familiar to me from my youth.

"What a beautiful location, with the clouds above the meadows and the quiet atmosphere".

"All of the people greet me, I see the cows in the fields, welcome back to country life".

Research environment from a personal viewpoint

My research was conducted in the villages of Oostwold (980 inhabitants), Midwolda (2035 inhabitants), Finsterwolde (2445 inhabitants), Beerta (2360 inhabitants), and Bad Nieuwesches (1835 inhabitants); and in one small city, Winschoten (18,205 inhabitants). As Winschoten has the largest population, it has facilities that are used by the surrounding population.

To give some insight into the landscape and the other physical characteristics of my research area, I will provide a short description of the main route I took when travelling through the area. Because I did not have a car or a driver's license, I entered the area using public transport. There is a road that links the villages of eastern Groningen with the city of Groningen. There is a direct train connection between Groningen and Scheemda, and from there I took the bus to Oostwold, travelling through Midwolda.

Entering Midwolda, I travelled past the Ennemaborgh, one of the oldest estates in the village, surrounded by primeval forest (one of the few forests in the area) and a park. On the main street of Midwolda there are large estates and smaller houses. Midwolda has a supermarket, a bank, a restaurant, two hairdressers, a bakery, and a flower shop. It is a ribbon village consisting of one main street with several side streets. The church has a prominent place in the village centre. When travelling from Midwolda to Oostwold I caught my first glimpses of Oldambt Lake. Between the villages I saw a large school, sports facilities, a Pitch and Putt, and a small harbour linked to the lake. I had wide views across the lake, and of the birds that make their home there. As I travelled through Oostwold, I noted that the houses in the village are very similar to the houses in Midwolda and in the other villages. There are historical buildings, monuments, big farm houses, workers' houses, and houses from the 1930s and the 1950s. In Oostwold there are

multiple churches, a bakery, a butcher, a hairdresser, two cafeterias, and a local pub. The house I was living in is located close to one of the churches, in a protected part of the village.

Travelling east, the bus route follows the main road from Oostwold to Finsterwolde. When cycling from Oostwold to Winschoten, I often left the main road and rode along Oldambt Lake.

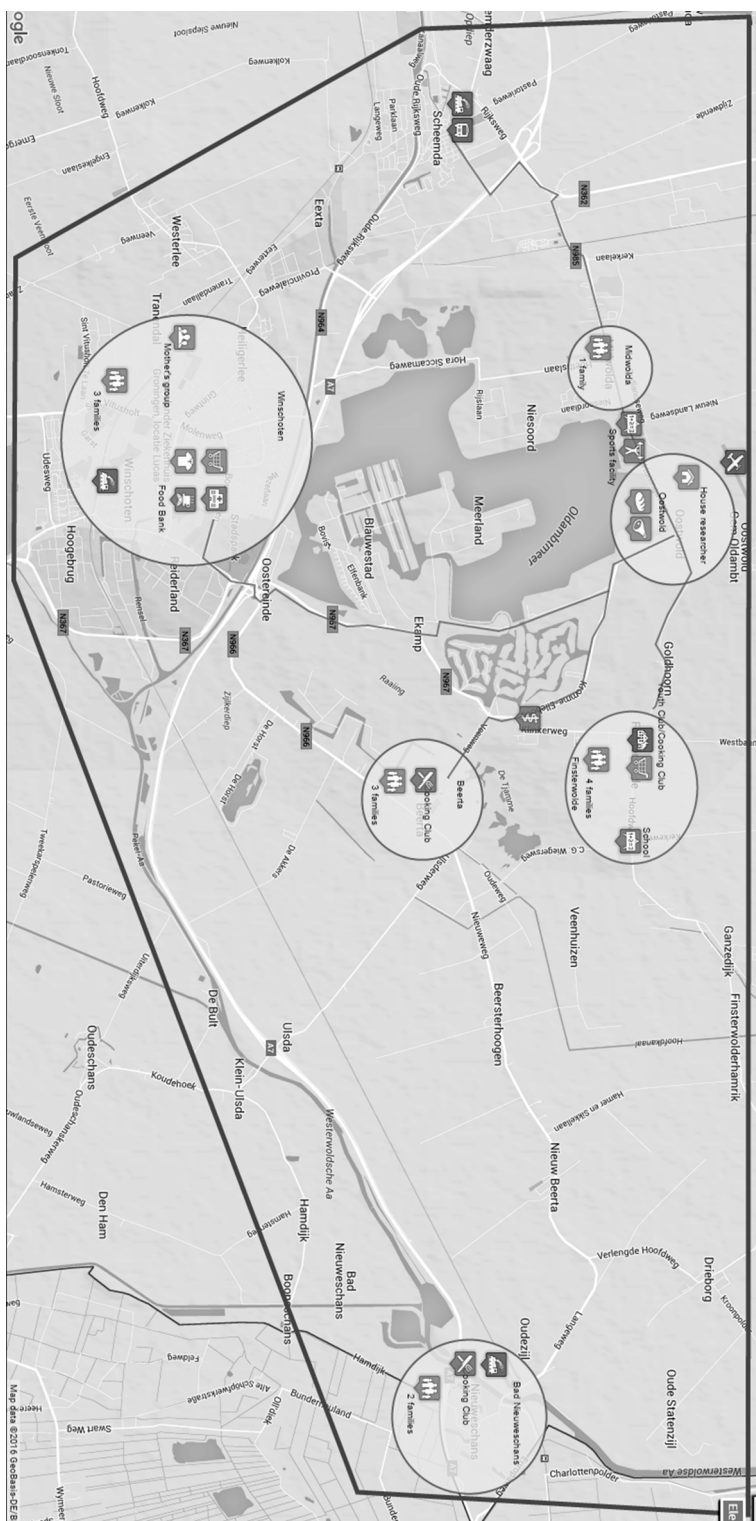
When I took the bus I would pass through Finsterwolde, a village known for its communist history. Finsterwolde has a clothing store, a supermarket, an after-school activity centre, a social work office, and a bakery. The village also has a large school with a public library that serves children from Finsterwolde and neighbouring hamlets, several cafeterias, a central hall, and a bicycle shop. The village has one church. Not far from Finsterwolde is Beerta, a village of similar size and with similar facilities. It has a supermarket and pharmacy, two small restaurants and cafeterias, and an audio shop. Beerta also has a school and a social activity centre, although the centre there is not used as extensively as the activity centre in Finsterwolde. Beerta is officially a ribbon village, but it spreads out somewhat, with the church serving as the central point. The church is surrounded by some historic homes and buildings, but the village also has newer neighbourhoods with social housing.

From Beerta the bus route continues to Winschoten, a city I mostly visited by bike. Winschoten has a train and bus station from which local residents can travel to Bad Nieuweschans, in the far east, and to Groningen. The city has a main shopping street, several restaurants, a town hall, and several schools, including a secondary school. The declining population and the less favourable socio-economic conditions of the area are evident in the shopping street, as many shop fronts and other buildings are vacant. The offices of the social organisations that participated in the research and the central location of the food bank in the municipality of Oldambt, which distributes food to poorer families, are also located in Winschoten.

By train I could go to Bad Nieuweschans, the village close to the German border, which has a somewhat different atmosphere than the more central villages in Oldambt. Bad Nieuweschans does not have an agricultural history, and is centred around a historic fortress. It does, however, have strong relationships with the other villages in Oldambt. Upon entering the village after leaving the train station, I would pass by a cardboard factory and then walk into the city centre, which has a fairly new supermarket, some shops, a pharmacy, and three restaurants. Bad Nieuweschans also has a school, a social activity centre with a public library, and a popular wellness centre that is supplied by natural healing waters.

The main health facilities in the area of research are the Health Centre Reiderland, which is located close to the villages of Beerta and Finsterwold. There is a hospital in Winschoten.

Oostwold was my main living environment, but it was also the village with the fewest facilities. To buy my daily groceries I could travel two kilometres by bike to a small supermarket in Finsterwolde, or to Winschoten, which has several supermarkets from bigger chains. The main facilities I visited for my research were the schools in Finsterwolde and Beerta; the after-school activity centres in Finsterwolde, Beerta, and Bad Nieuweschans; and several facilities in Winschoten that are involved in supporting families in the area.



Map 4.1: Map of the research area

First encounters

While I could immediately relate to my surroundings, I had mixed emotions about my first encounters with the people I met in the villages. During the first week after I arrived, I could tell that people perceived me as a stranger. While this is a very natural response to a new face in a small community, it also worried me, as I was aware that my first contact with the local residents could make or break my research. I did my best to observe people in the shops, and asked some of my gatekeepers for advice. I was aware that I was still a bit hesitant to walk up to people and talk to them. On the *second* day in Oostwold I wrote in my diary:

A moment of "What am I doing here?". I have to push myself more! You can think of this week as a start-up week, but at least you have to get to know your neighbours!

This shows that even after two days I wanted to be part of the community, but was unsure how. I decided to engage in low-profile activities, talk to people I already knew, and focus on my direct surroundings. During the first week I observed the daily business and happenings in Oostwold and surroundings. I got to know the opening hours of the shops, familiarised myself with the facilities in my direct surroundings, and discovered the shortest bike routes to the surrounding villages. I did not talk to many people, but I did establish initial contacts through a visit with my neighbours.

I wrote about my first visit to the butcher's shop in Oostwold, on my second day living in Oostwold:

It looked like the butcher's shop was closed because the advertisement sign was already inside and it was dark. I couldn't find the opening hours anywhere, as they were probably known to most people. But one of the employees beckoned me to come in. I was surprised by the person who helped me; a younger guy with a darker skin colour. I was surprised not only by his appearance, but by my own thoughts, because I did not expect to see someone with a darker skin colour working here. At a later stage of the research I realised he let me in after opening hours, because the butcher's shop is only open in the mornings.

It struck me that as a result of my conversations with the gatekeepers and other professionals I had already developed pre-suppositions about the people who were living in the community. I felt it on this early occasion, but also on other occasions. It was very clear I had to get away from these initial impressions and make up my own mind. Although some of my early assumptions were confirmed later in the fieldwork period, I wanted to put them aside so I could get to know the people myself. I therefore had to revise some of my assumptions.

4.1.3 First contacts

My strategy for starting the research was to make (non-participant) observations in public settings before entering the private settings of the households. My goal was to allow the people in the community to become used to me as a somewhat familiar face. I hoped that this would enable me to gain their trust, and to ask them to invite me into their private surroundings (the households).

I therefore needed strategies to get to know more people apart from the gatekeepers. I knew that Maria and Hilly, my most important gatekeepers in this stage of the fieldwork, could introduce me to people just by showing me their work and allowing me to participate in their work activities. I asked Maria if I could participate in some of the activities in the activities center. The most straightforward option was to participate in the cooking lessons, because I could then see how children responded to food and cooking. But I also asked to meet children in other settings, such as at theatre workshops and tinker afternoons. I soon established some initial contacts with children by participating in the cooking lessons, which were held in three villages. I was a volunteer as well as a researcher, and the children soon became used to my presence there. I also met the parents during these sessions. Attending cooking lessons became part of my daily routine in the first month or so. I visited the activity centre regularly to participate in several activities and to supervise the children. The children sometimes asked me about my research, but for the most part I was just another person at the activity centre.

Hilly, one of my other gatekeepers, introduced me to her work with disadvantaged families. At first I was a bit hesitant because her work mainly involved coaching individual mothers in the upbringing of children, and I had no experience of raising children myself. But Hilly was very considerate and came up with activities that gave me the opportunity to meet mothers (parents) in a very informal setting. Again, I did not participate in these activities in order to ask parents to participate in my research, but in order to get to know their daily lives. One of the activities I could join in was the mothers' group. The group met twice a month, once in the morning and once in the evening, to socialise and discuss issues they experienced in their daily lives.

In the meantime, I was also meeting other people in the villages, such as my neighbours. I got to talk to them one by one after introducing myself to my nearest neighbours on the street. From some of them I heard that they and others in the village had been wondering who the girl in the blue coat on the bike was, and that they had already learned my identity through indirect channels. I then understood that word spreads fast in these villages. The neighbours who lived closest to me became the go-to people when I did not know something or needed something practical. All of the neighbours were somewhat older people, and most of them were no longer working. I could always come by their house for a cup of coffee or a meal, and I felt very welcome in the neighbourhood. I received invitations to attend the local play and visit the local Christmas market. Thus, they opened up to me very easily. I found their stories helpful in getting to know the history and culture of the villagers:

Pieta and Koos are my closest neighbours. They live in the house across the street and know the owner of my house very well. They were the ones who first welcomed me, when I moved into the house. She told me a lot about her closest family, especially about her sisters. We also talked about the facilities in Oostwold and the close surroundings. She buys her groceries in Scheemda and they buy bread at the local bakery. They order the bread, because when they come in the shop on Saturday morning, most of the bread is already sold out. Pieta tells me the bread at the local bakery is not made by the staff themselves, but is imported from the bakery in Scheemda.

[...] The people to my left also lived here for 30 years and “would never leave this place”. Maybe they would move to Winschoten, when they are a bit older, but nowhere else. Their daughters live in Finsterwolde. They really enjoy this place because of its peace and quiet. They tell me Oostwold is the place “where the parents live and the children move to Finsterwolde or Beerta, that is where the families with younger children live”.

As I wanted to get some exercise while living in Oostwold, I looked for sport facilities in the neighbourhood. I started going to a sports center located very close to my house that offers sports activities for adults and children in the three nearby villages. They offered several classes, of which I chose Zumba. During my time in Oostwold I tried to attend the class twice a week. Although I was never in very close contact with the other women in my sports class, it felt good to do something ordinary and to show my face on these occasions.

In addition, I contacted administrators of the food bank in Winschoten and the primary school in Finsterwolde to ask whether I could do something for them, and whether they would be willing to tell me more about their food-related work in return. The food bank administrators were happy to accept my offer to help, as they said they were (unfortunately) growing rather quickly, and needed some extra hands. The school administrators in Finsterwolde were willing to let me talk about my research during some of their biology lessons.

Creating temporary new life

In my first real contacts with people, I was pleased to find that I was able to reset my thoughts and to speak openly to all of the people. I first had to be myself before I could establish trust, although I did not want to cover up the reason why I had moved to Oldambt. This combination of strategies seemed to work: I could meet people as myself using my own normal communication strategies, and I could also introduce myself as a researcher who was interested in getting to know people while living and working in the community.

4.1.4 Getting started

Through participation in various activities I got to know the environment better, and was slowly able to interpret some of the observations I made during the first week. Some of the observations acquired a new or different meaning, while others I could interpret better after having conversations with children, parents, or other community members. Because I participated in activities I got to know more people and to learn about new initiatives that were important for my research.

Activities - Cooking club

In the first two months I worked with three different cooking clubs. The cooking clubs were financed by the municipality of Oldambt (healthy policy) and organised by the activities centre. The goal of the cooking clubs was to teach children aged 8-12 about healthy food and the fun of

cooking. Maria coordinated the cooking clubs, but led only one. The other cooking clubs were guided by Paul and Bettie, a couple in their fifties with a lot of experience with cooking who owned a small cultural center in Beerta.

Two cooking clubs took place in activity centers in the villages, with large private kitchens, the third in the village community center, which also housed the library and a large room with a podium for the performances of the local theatre club. The kitchen we used for the cooking club was also used for the catering of events. Because it was located behind the bar in the community centre, the atmosphere there was a little different from that of the other two locations.

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Figure 4.2: photos of the cooking clubs

When I first met the children who attended the cooking clubs, I told them I was a researcher, and we talked briefly about my research. We then started the activities as they planned. During each lesson we prepared a main dish and dessert *or* a starter to go with the main dish. A total of 12 children attended each cooking lesson. Attendance was voluntary, and most of the children participated because it was one of the few fun activities offered in their village, and the cost of participation was low.

During these cooking lessons I got to know the children quite well. I saw the differences between the children of the different villages. Gradually, I started to understand the world they were living in, what was important to them, and how they related to others. As we cooked and ate together, I got to know their table manners, their topics of conversation, and their food habits. For the last lesson of the cooking club the children could invite one or two people to come and eat dinner with them. We prepared a large dinner and made the setting a bit more formal to give the parents or the other invited guests the feeling they were eating out.

Activity Center

I also attended the theatre class and the tinkering hour, which were organised for the same age groups. I supported the volunteers and helped the children. We had all kinds of conversations during these activities. I got to know the groups of children in Finsterwolde and Beerta particularly well, and I met many of their parents.

For the past several years, Maria had also been organising exchange trips for the young people in the village with young people from other cultures/countries within Europe. While I was working at the activities centre Maria asked me to help her with this exchange programme. In mid-autumn 12 young people from other countries in Europe arrived to meet the young people of the village. A reciprocal visit was planned for later in the year. During the week the youngsters were spending time with each other in Finsterwolde I volunteered to help with several activities. This allowed me to get to know the youngsters of the village better, and to see how they would present themselves and the Dutch/Oldambtster culture to the youngsters from Cyprus. I was thus able to gain insight into how the youngsters dealt with people from outside of their own environment.

Mother group

My first meeting with the mothers of Humanitas was at one of the coffee mornings. One of my observations was as follows: *When I arrived at the day care in Winschoten [where the mothers met with their children] it took me a while to find the right room. The day care centre is huge. I never knew they had these big institutes, with many different kind of groups in different classrooms.*

I introduced myself as a new volunteer as well as a researcher investigating food choices. Some of the women asked several questions about my research, but they were also very interested in my personal life: they wanted to know whether I had children, a husband, or a boyfriend. These coffee mornings gave the mothers the opportunity to chat and socialise with the children in the background, and, in some cases, to ask for advice about issues such as finances or childrearing. Because I could not give much advice I felt a little useless at first, but I could see they did not mind my presence. Hilly then asked me to help organise some activities for the group in the evening. I was also given the task of collecting ideas from the mothers in the group. Having this role made me feel more comfortable; even though I had no children, I was part of the group because I could help organise activities and serve as someone to talk to.

The mothers in the group had some common characteristics: they did not have much money, they had some problems they could not solve on their own, and they did not have many social contacts. Some of the mothers went to every meeting of the mothers' groups, while others participated only occasionally. My involvement in the mothers' groups during and after my fieldwork gave me insights into the lives of parents in this region, especially of those who have few financial resources.

Primary school

The primary school in Finsterwolde was one of the other places I visited regularly. Maria

introduced me to the director of the school, Bert, who told me a bit more about the history of the school and of the other schools in the local area. The school in Finsterwolde had been the only school in the village since 2003, when it merged with the other schools in the village. The public school is housed in a multifunctional centre that also has a swimming pool, a public library, and a kindergarten. The decline of the population has affected the schools in the area and the school system. The merger of the schools in Finsterwolde and Oostwold/Midwolda was a result of this population decline. A few weeks into my fieldwork I was asked to support some of the biology classes in grades 7 and 8. In collaboration with the class teacher I prepared some lessons on food and food culture in which we discussed the children's daily food patterns, and how they compared with food patterns around the world. The children interviewed each other about the food in their households, and they analysed their own food patterns. I prepared the lessons using a school method developed by a cook (Smaaklessen). Through these lessons, I got to know the children in the class a little better.

Food bank

Volunteering at the food bank was one of the activities I started a bit later, about one-and-half months into my fieldwork. I applied to be a volunteer, but I also told the management about my research. In a short interview I explained to the administrators that I wanted to know more about how food banks affect "food choice" within the region. It occurred to me at the time that a food bank is one of the very few organisations in our society that does not want to grow. Unfortunately, the food bank in the area had been expanding very rapidly in recent years. Because the food bank is one of the first places people go to for support, it also serves as an entry point to other support organisations and professional help. In my time in Oostwold, I helped prepare the food packages and I sometimes helped hand out the packages. These interactions made quite an impression on me, as I saw all kinds of people coming in. During my fieldwork I could never get fully used to the setting. I occasionally saw familiar faces when people came to pick up their food packages. Some of these acquaintances pretended they did not know me, while others responded when I said hello, but did not engage in conversation. Other people I did not know were more talkative and opened up about their situations. Many of the volunteers as well as the clients at the food bank were in difficult situations. Every Thursday morning, I would slice the meat for the food distribution the next day with one of the other volunteers. During these sessions, the volunteers told me more about their situations.

My involvement in these activities shaped my daily life. Over time, I learned about the rhythm of daily life in the region, including the public transport schedules and the facility schedules. I got used to the daily street scenes, especially the street scenes in Winschoten, which I described as being a little depressing, but interesting. *My impression is that I see a lot of people; children, adults, and older people, hanging out on the streets. It creates a special atmosphere. At the HEMA and the library close by you will find groups of people who spend their time there.*

During these early months I met families who wanted to participate in the research, and I also

invited families to participate in my research through snowball sampling.

4.1.5 Work in progress

After spending two months participating in activities, making observations, and finding my place in the fieldwork, I started to focus more on applying formal data collection methods, and working in depth with the families who were willing to work with me. Through the activities and snowball sampling, I worked with 13 families in depth. In addition to performing ethnographic work—in which I observed the context, made field notes on my daily activities, and got to know a group of people in the community through informal conversations—I wanted to get to know certain families in more depth through observations, interviews, photos, and informal visits.

Two issues in particular occupied me throughout the fieldwork period: the sensitivity of the topic and how that sensitivity should be reflected in my methods, and the sometimes conflicting roles of being a researcher and being a person. I will reflect on these issues below.

4.2 The researcher: responses and reflections

In my reflections on myself, and on the responses to me as a person and a researcher, I have to consider the various groups who responded to me. Because the field I was working in was quite large and not everyone I got to know was involved in the research in depth, the people I came into contact with responded differently, and I responded differently to them. There is one general remark I can make in this context. Most of the people in the region, and especially the members of the groups I was studying, saw me as a researcher and as someone who is highly educated. Some of the people could see past these differences to recognise our similarities; these were the people who became involved in the research. I met with these people more frequently, and spoke to them on a more regular basis than other people. The people who only met me once or had only heard about my research did not have the time to see me as anyone other than a highly educated researcher, or even as an intruder. By contrast, many of the people who gave me enough time to show who I was as a researcher and a person were eventually persuaded that participating in the research could be fun and interesting.

These considerations are evident in my initial reflections on my role and my desire to become part of the field:

When I see or meet people for the first time I feel the truth of the well-known saying, “like knows like”. I see some people struggle with my presence, and others not at all. I see it and feel it because I am the unknown factor. People react differently to me; my unfamiliarity triggers reticence in some, while in others it triggers a desire to care for the stranger in their midst. Most people are not easy to approach; they keep their distance until they have formed an opinion about me. They do not need something or someone new; how it is now is also fine. These situations make me feel vulnerable, because I realise that how I respond, act, or react will affect how they see me.

I obviously made mistakes in these encounters.

In one case I was too much of a researcher:

One of the first times I asked people to participate in my research in depth was after one of the cooking classes I participated in as a volunteer. The children knew me quite well, but I saw the parents for the first time. Maria introduced me formally and told the parents I wanted to tell them a bit more about my research. I prepared a short talk about the relevance of my research and how I would like families to participate in a pilot project, to see how they would perceive the questions I asked, etc. After I was finished I immediately knew this wasn't the right strategy. Everyone proceeded with the conversations they were in before I started talking and I heard some people say: "I will never participate in any stupid research". I felt this was a very bad start to my in depth fieldwork.

In other cases I was too distant or too polite:

On another occasion I talked to some mothers about why I am here. This was one of the first times I talked to a group of mothers more informally. I told them about my background in research and about why I started this research. Then Tanja, one of the mothers, said: "Could you also explain this in Gronings (the local dialect)?" Although I did a course in the Groninger language to help me understand the people, I was sure I could not explain the whole thing in Gronings. I was starting to feel unprepared and uncomfortable when they start laughing. Anita, one of the other moms, said: "It is just that you speak somewhat polite. Just say what you mean and what you want and we will tell you what we think about it". I learned another lesson.

I used media:

In a newspaper article as well as in a radio interview, interviewers ask me if I needed more people to participate in the research. Although I am always interested in getting to know more people, this call for participants never did anything for my research.

This made me realise an ethnography really is about building trust and making the effort to get to know people on a more personal basis. The people in my research were people I was familiar with, who were open to my responses and who had seen me working with their children in different environments.

4.2.1 Responses to me as a person

I am a highly educated, young woman without children. I thus have a different background than most of the parents and children who were involved in my research. I studied and worked in the city (in Stad), at the university, and my siblings and parents are also highly educated. I have always had an income and I have never seriously considered having children.

These characteristics could be seen as very unhelpful for the research I was performing, and they did not always help me at the start of my fieldwork period. I was initially hesitant to talk about my research because I did not know much about the lives of the community members:

They [people working at the food bank] understand what the people who come here go through;

I do not and at times that feels weird. It's weird to say that you are highly educated, it's weird to acknowledge that you have never been in the situation they are in now. I do tell everyone that I am doing research and what it is about, but I do not talk about it too extensively, because I notice that people are not particularly interested.

One of my characteristics that the people could relate to is that I grew up in the Groninger countryside, although it worked against me that I was from the “wrong” part of the Groninger countryside. I grew up in western Groningen, close to the Frisian border (our neighbouring province). While many of the people saw my identity as a western Groninger as a positive characteristic, others teased me that I was from the wrong part of Groningen.

But over the course of my fieldwork people noticed that we were similar in some ways, despite our many differences. I have a boyfriend/partner, had similar hobbies, and I have a family to whom I am close. Knowing these things about me led the participants to realise I was a person they could converse with, including about topics other than food choice. These slow shifts that occurred as we got to know each other gave the research a boost. As the families came to realise they could be experts on their own lives, they started to tell me more on their food choices and culture through the lenses of their own experiences and analysis. Our differences could thus also serve as starting points for discussion and analysis.

One huge similarity that I should not dismiss is that I and all of the participants are Dutch; thus, I have the same cultural background as the people in the region. Whereas more traditional ethnographers often do research in a country/culture that is not familiar to them, I am familiar with the systems, facilities, and general daily life in which my participants operate. Although I have tried to be aware of my own cultural schemas, I might have missed some schemas that would have been very evident to someone from another country.

The development of my role in the field was facilitated by my efforts to be patient, open, and objective. But the people who supported me in setting up my research project also contributed substantially to the development of my fieldwork role. Without their assistance, it is unlikely that the families would have placed their trust in me. Their assurance to the community that I was “all right” helped me get attention and recruit active participants in the study.

4.2.2 Children

I worked with many different groups in my research, and their responses to me obviously differed. The group of children I worked with were between the ages of 8 to 12. I met them in a variety of settings, including at school, during afterschool activities, and through their parents. Of the families who were involved in the in depth research, around half I got to know through the children. This process was different from the process of getting to know the families through the parents or the grandparents. Many of the children got to know me as Sanne, and not primarily as a researcher. I helped them in their activities, or we talked about all sorts of things. Although

I had told them about my research and about my identity as a researcher, most of the children forgot about my role almost immediately.

Some the children would, however, ask me about my role as a researcher more frequently, perhaps because they thought it was interesting to talk to a researcher. For example, some ran to their parents to tell them they wanted to be involved in a research project with a camera, or that they wanted do something with Sanne or to participate in the research because their friends were involved.

In the first contact I often talked about the research topic or about research in general. Bouke (11) reacted to my introduction during the cooking club: *So your research is on food, on healthy food I think. You know, I especially enjoy my vegetables and I really do not like French fries.* He made the link with healthy food all by himself, as I did not mention the health aspects of eating. In retrospect I realise he knew how to give socially desirable answers because vegetables are definitely not his favourite food. I had to take into account that even young children sometimes give socially desirable responses.

Some of the children were keen on doing some extra activities with me. They knew me from the activities in the group and wanted the extra attention I could give them during the research activities. Although I was flattered by the compliments they gave me, I always made sure they were aware of the effort that would be involved for them and for their family.

Some responses of the children were also related to the media attention I got during my research period. For example, Michael once asked: “Will I be in the newspaper as well or on television?” He really liked the idea of becoming famous through his participation in my study.

The children who participated in the in depth study have all shown themselves to be very enthusiastic junior researchers. Although some were hesitant about their capabilities at first (and some throughout the whole process), they all enjoyed the research in the end. With the support of their parents, their siblings, and me, we were able to bring the voices of the children into the research. I will reflect a bit more on their responses to the methods and research itself in subsection 4.3.

4.2.3 Parents

As I noted above, the adults I met had different initial responses to my research. But after the adults got to know me, many wanted to share their responses to me as a researcher. Harm told me: *I always thought researchers were boring twats, but with you, that is certainly not the case.* I think that was one of the best compliments I could have received within my fieldwork.

As the research progressed more parents told me they were surprised that I am such a “normal” person, and that they had never expected a researcher to be ‘normal’. They also gradually showed their appreciation that I had moved to Oldambt to get to know the area a bit better. Although I still do not believe that I made a very big sacrifice by altering my “normal” life, some of the parents responded positively to my willingness to live in the community. A number of the adults described the evenings or afternoons I spent with the families as “pleasant”. I had to get used

to this perspective, because I saw our meetings as a research setting; thus, it took some time for me to see what they were seeing. I noted in my field diary: *When I left their house, Francisca told me she had a fun [gezellige] afternoon. I thought that was interesting because I perceive the situation from a research perspective. But still, it was very nice.*

4.2.4 Grandparents

The grandparents often came into the picture a little later in the fieldwork period. I met parents and children in my work, but only spoke to a grandparent now and then. When it became clear they played an important role in some of the households, I asked the families involved in the research to also consider asking the grandparents to be involved in the research. Because I did not see most of the grandparents before they actually participated in an interview, my bond with them was very different from my bond with the parents and children. Because their children often asked them to participate in the study, I knew that if they agreed they would indeed be open to a research setting. This felt comforting. For example, Anna told me she would have never participated in the research if her daughter had not told her about me.

4.2.5 Development of positionality through the fieldwork period

When I look at my field diary in chronological order and extract the personal notes I made about my feelings during the fieldwork, I see that most of my notes had an optimistic tone (*9 October: I have really become excited about the research now!!*). But in the first month in particular I also expressed a great deal of hesitation about how to approach people and about how people would respond to me.

Because I chose to do an ethnography, I felt that my most important task was to be accepted by the community. I was not sure what that meant at that time, but negative responses to me or to my research felt very uncomfortable. At times I did not want to play the role of the researcher or to have to tell people about my research; being just a volunteer or a friend seemed to be easier. But I chose to be clear about my role as a researcher, and about the reason I was there: i.e., to analyse the food choices of households with the families.

From my field diary: *I seem to arouse a mixture of curiosity and suspicion. I hope to be a more familiar face later. Accepted? Is that what you're looking for? In part, though, I look for people who are opening up to me and my story.*

I appear to have found my way about a month into my fieldwork. I developed a way of approaching people, and I got used to their responses. I knew when people were not interested in talking to me, and I could also appreciate their honesty much more. In the following months I focused on making observations and engaging in voluntary activities. I talked to people informally about the research topic, but I only invited additional families to join the study if they volunteered themselves, or if I felt I had such a good bond with them that I could ask them myself.

When I started working with the families in depth through formal research activities, such as interviews, formal observations, and photo-elicitation interviews, most of them also started to

invite me to participate in related or other activities they did with their families. I wrote about some examples in my field notes:

13 December: *Bouke also invited me to come over on 31 December, because they always make “oliebollen” with the neighbours. “That is one of our traditions”, he says. He would really appreciate it if I could come.*

I took advantage of as many opportunities to see the traditions and daily routines of the families as I could. I visited the Lukkien family on 31 December and helped them prepare and bake the oliebollen, while talking to family and neighbours. I also noted other examples of such occasions:

17 December: *Aaron, Erben, and Cynthia showed me what they learned in their music class today. They are preparing for the annual Christmas performance. They invited me to attend the actual performance, and I enjoyed it when I saw their faces lit up when I said I would come.*

7 January: *Today Maria called me to say that Wesley also left me a Christmas card in the activity centre. After I picked up the card, I went to see him at his house and thank him for the card. That was part of being friends, he said.*

Dinners, social activities with the children, and growing familiarity with the villagers and villages became important parts of the last months of my fieldwork. The close connections we developed led one parent to open up about some of her (well hidden) initial reservations about participating in the research:

9 January: *At the end of our conversation, Yanna asked me if she could share some of her reservations about research in the area of Oldambt. Of course she could. Yanna: “It is quite frustrating to experience all the negative attention given to the Oldambt region. I know your story is not about the negativities in the area, but I would like to see them in perspective”.*

At the end of my fieldwork period I felt another concern that was the opposite of the feeling I had at the start of the fieldwork: Was I getting too personal with the families? Of course not all of the families became friends, but some of the parents and the children certainly became very dear to me. The frequent visits and the personal stories we shared during this time, made me doubt my objective standpoint as a researcher. My involvement with the families felt very natural, and I do not believe it affected my approach to data collection—although it may have made it easier to collect the data and to listen to the “true stories”. I therefore do not think my personal connection got in the way of the objectivity of the data, although the realisation of and reflections on my role were needed. The data will always be connected to certain faces and situations, but in the end the data *also* speak for themselves.

4.2.6 Responses to me and my research—from outsiders (no target group, not participating)

During my time in Oldambt, I also talked to people who felt they were not part of the group I wanted to speak to for my research. I talked to these people during, for example, social occasions, meetings with professionals, or bus rides (which were often very interesting, because I was often one of the few passengers).

These people often responded more to my research and less to me as a researcher. The standard response that I would get from these people was: “Your study is very necessary in this region”. One of my regular bus drivers also gave this response. He added: *the children that I see only eat pancakes and French fries. And their mothers [why only mothers?], they do nothing about it. But when you don’t have that much money, you cannot do much about it, ha.*

The other response, related to the research setting was:

“To live all the way out here, you must be very dedicated....”

4.3 Development of the methods: responses and reflections

While I was working with the different methods I chose, I noticed the advantages and the disadvantages of certain methods. Because these reflections helped me in making my choices regarding the methods, the target groups, and my approach to things, I would like to provide some insight into these reflections.

Throughout the fieldwork period, I was glad I had decided to use an ethnographic approach. Although I acknowledged that it took time and energy to get to know people and to get adjusted to a new environment, I also noticed that I always had plenty of energy to enjoy my fieldwork. I regularly think back to the informal conversations I had with people and the observations I made that contributed greatly to my understanding of the data.

Sometimes when I am discussing the definition of an ethnography with colleagues, I point out that these kinds of daily discussions are a large part of what defines an ethnography. What the researcher hears during daily activities may be more important than what she observes in formal research settings. My decision to use an ethnographic approach allowed me to become close to the daily lives of families. The downside of using an ethnographic approach is that some of the people involved may feel that the researcher is getting too close: *Today Johanna came to me and said her parents did not want to participate anymore. Her parents indicated they “did not want me around this often”.*

During my time in the field I became aware of certain issues related to the methods I chose. Most of my experiences were positive, but occasionally I noticed that some of my methods did not work well. I will reflect on both the positive and the negative issues that arose.

4.3.1 Photos

After all of the family members gave their informed consent for the participation in the study, we started the in depth analysis of food choices within the family. I then explained the photo-activity to the children. The responses of the family members to my explanation of the activity already shed light on their roles in the household. The notes I made about these family meetings were very valuable later in the process. For example: *A very dominant father in this family. When I talked about the photos he already had ideas about what the children should photograph in their house. I decided to emphasise the role of the children more when I talked to the parents*

separately. I then reiterated that the children should choose what should be in the photo. I think he understood why I said this.

This example shows that in some families I had reason to wonder who would be in charge of taking the photos: the children or the parents. As soon as I noticed the parents might interfere with the children's decisions about which pictures to take, I made additional efforts to stress the role of the children in the research. I added an extra sentence in the consent form that explains the children's role.

While I sat with the children and their parents, the children would almost always ask me what they should photograph. Because I did not want to influence what they were photographing, I always explained that it was *their choice*. Some of the children still felt a bit insecure after my explanation, and then we had a short brainstorming session with all of the children in the family. I tried to give very few examples and let the children decide which things they would photograph. I believe that most of the photos are indeed taken from their perspective on food choice and on food as it relates to *them*.

Another issue is that, because disposable cameras were used, some of the data may have been lost. Some of the children lost some photos because they forgot to use the flash or due to other technical issues.

Today I noticed the disadvantages of using disposable cameras. Some children forget to use the flash or have their hand before the lens. Some of the photos were not printed or we could not see what should have been on the photo. It could also be the quality of the cameras. This is a pity not only for me, but for the children, who are curious to see the photos.

Despite these technical problems, I never regretted my decision to use disposable cameras. The cameras allowed the children to become the owners of the research, and all the children had the same opportunities. If I had used the digital cameras of the families, the children may not have felt the same degree of ownership. An additional issue was that not all of the families owned a camera.

What was very surprising to me as a researcher was that I felt a little disappointed when I opened the first set of photos taken by the first family. Although I had tried not to have expectations and hopes, when I saw the images I wished that there was more variation. It was only later that I realised that this was an outcome as well.

Today I received the photos of Jarno and Annelie; again mainly photos of the food on their plates. Although we also discussed other objects and situations, when the children were taking the photos this was what came up in their minds. It seems that although I had other expectations, the children prefer to focus mainly on these things.

4.3.2 Interviews - children

The interviews with the children gave me considerable insights into the children's perspective of their roles in the households and their world views. I noticed that the children aged 8 to 12 were very easy to talk to, and they could understand the things we talked about in the research. They

already had some ability to analyse, which I tried to use in the interviews.

I also noticed that for some children it was difficult to concentrate on a single topic for a longer period time. Our conversations often consisted of not just of stories about food, but stories about friends, new gadgets, etcetera. All this information was useful to me in getting to know the world the children live in, and gave me more insights into the roles they assign to themselves and others. It also contributed to the flow of the conversation to let them speak freely, and to slowly pull them back into another question about food by relating it to something else they told me at that time.

Interactions between several children also contributed to the information children gave me. I therefore decided siblings could be part of the conversation, although my focus was on the stories of the children in the 8-12 age category.

Before I started the interviews, I decided the parents should not be part of the interviews with the children because I thought their presence would interfere with the openness of the children. It turned out I had to review this decision with each interview. In most cases the parent(s) (most often the mother) were not part of the interview and were not in the same room, although they were in the house. It was obvious, however, that the mothers often listened to (parts of) the stories their children were telling from another room in the house, because they often remarked on what their children said in their conversations with me. I made one particular observation about the parents' comments on the conversations I had with their children:

Today I realised that many of the parents say to me that they think their children are so serious and reflective during these conversations, as if they never expected that from their child.

In some specific situations I noticed the children were more confident when their parents were close by. In my conversations with Dewi and Pieter their mother was present because they felt a little insecure about the interview. They were used to me, but the formality of the situation made them a little shy. Both were more relaxed with their mother present. In these situations, I would ask the mothers to be in the same room or join us at the table where we were sitting.

With her mother was present Dewi shed most of her nervousness. I was very happy she was not afraid to share her worries with me. She wanted to give "the right answers". When her mother and I once again assured her she could not give any wrong answers, she was more comfortable.

One other specific situation made me realise the impact of parents in an interview setting. In this situation the stepmother was in the same room when I talked to the children:

I noticed that Annelie and Jarno were careful in their wordings when they talked to me about food choice with their stepmother present. The situation with their parents was quite complicated for them, and when we took a break I asked Janka if she could maybe sit elsewhere. She was very understanding and this immediately helped the flow of the conversation with the children.

When I noticed that the children were as comfortable with me in the interview setting as they were in any other situation in which I encountered them, I felt I had chosen the right position as

a researcher. The children noticed that the interview setting was different from other situations, but they also felt excited because they believed they were participating in something “big”.

4.3.3 Interviews - adults

The more I got to know the parents, the more difficult it was to see the formal interview as a formal research setting. Most of the parents I knew very well before I interviewed them.

It feels strange to put a voice recorder on the table and go from the conversation we had to reading the informed consent again and explaining the formalities of the interview. I notice most of the parents think it is unnecessary and uncomfortable to listen to these rules and regulations, and they just want to continue on with the tone we had before I started the interview.

As with the children, the parents indicated that they were talking about or analysing things they had never really had a close look at. The parents talked freely about the difficulties they experienced in making food choices. I tried to interview both of the parents if they were living in the same house, but in most cases I interviewed the mothers. In three of the interviews I talked to both parents, and in one interview I talked only to the father. The interviews with the parents (regardless of whether both were present) showed me the different responses parents could have to food and food choice.

4.3.4 Interviews - grandparents

The children, who were the first people I discussed food choice with, made me realise that many of the households in these communities consist of more than just parents and their children. I had considered the influence of the children’s school and of their friends, but I had not thought about the important role played by grandparents. Yet the history of the family’s current meal pattern started with the parents of the parents, and the grandparents were in many cases still important to the regular meal times of the children in the study. Many children ate at their grandparents at least once a week. This made me realise that if I wanted to understand on how choices were made in a household I also had to incorporate the grandparents in an analysis of food choice. Because I had not made much contact with the older people in the community, my relationship with these participants was different. Most of the grandparents I interviewed I only spoke to once, and my interview arrangements with them were more formal than with the children and the parents. Although the nature of my contact with the grandparents was different, they were a very valuable group. I noticed they were all very welcoming because I already knew their children and grandchildren.

After a quick lunch I cycled to Finsterwolde to visit the grandmother of Marieke and the mother of Ellen, Anna. The grandfather was home as well, and he sometimes added some remarks to what Anna said. The interviews with the grandparents are more on the meso level and give a broader perspective on things. Many of them have lived in the region for quite some time, and they relate their stories to the history of Oldambt.

The grandparents often said to me that conversations about specific topics, such as food choices,

made them think better about the topic, and on another level. The questions I asked triggered new and different thoughts. *Today Anja said that last Sunday they had a birthday party and Linda (her daughter) and her son were also there. They talked about food choices as a result of the conversations they had with me.*

4.3.5 Observations

The camera recordings the families made of a mealtime moment showed me some of the private moments of the families who were willing to make these recordings. A few families declined to participate in the visual recording part of the in depth analysis. They invited me to have dinner with them, but without a camera present.

The families who recorded a mealtime often said they felt it was a little different than normal mealtime situations. In some cases, they told me the meals I shared with them on a regular basis were more representative of their mealtimes. The children often responded a bit to the camera, but the parents ignored the camera. While I noticed some responses to the camera in the recordings, they still allowed me to make observations about task division, the sharing of food, responses to food, food preparation, and the topics discussed at the table. There was one case in which the parents thought it was best to do another recording, but after some discussion we agreed that the situation they recorded was a realistic portrayal of the hassles that can arise during a meal.

When I came back in the evening to pick up the camera Harm apologised to me and said that the recordings were not as he wished. They were in a hurry and the recordings were not that long. Because they had to hurry the potatoes were not cooked properly and this created some tensions. Bouke thought he was the star of the evening and also behaved in that way, and Dorien suddenly spoke Dutch, whereas she normally speaks Gronings. I started laughing and then he realised I did not mind at all. After some discussion we decided I could use the tape, because it shows that such situations can occur.

4.3.6 Anthropometry

Toward the end of my field work time I started the anthropometry. I had not initially planned to perform an anthropometry, but after I had spent some time in the fieldwork setting, we, the research team, discussed what was missing from the data. Because I did not want the research to be about measurements and overweight as a norm of being healthy or unhealthy, we decided to do the anthropometry as an addition to studying the context of the families. I noticed I was a bit hesitant to ask the families to take their measurements. It felt as though this was the most private thing I could ask of my families, so I was surprised by their responses when I asked if I could take their measurements: they were not only very relaxed about having their measurements taken; they were very curious to see the results (especially those of the children). Their responses also made me realise that the families do not measure themselves very often.

After dinner I did the anthropometry with Pieter, Isabel, and Lilian. I immediately noticed Lilian was very curious about the measurements of her son and daughter. They do not have a scale

themselves and only measure their height occasionally. I also felt I was doing something for her. I could give her some information in exchange.

When I took the measurements I noticed the children were very excited about being weighed and having their height and circumference measured, but that the parents, and especially the mothers, were more nervous and giggly about having their measurements taken.

Judith already said to me she knows she is too heavy. I told her I wasn't here to say anything about her being too big or something like that. She immediately started laughing and told me why she thought she was too heavy (in her opinion). She doesn't go outside that much, especially in the winter, when it is too cold to go outside. The fact that she doesn't have a job also plays a role, because she is a little depressed about being unemployed and about her situation. When she doesn't feel good, she starts eating more, she says. She doesn't want to throw the food away, so she eats everything that is left. I listen to what she has to say, but I decide to let her analyse her own situation.

4.4 Exit out of the field

One last step in the ethnographic fieldwork is to step out of the field. Living in the study area was very intense, and provided me with a lot of research input. At a certain point in time, however, I had to leave the field, not only to start my analysis of the data I had collected, but also in order to stay objective and to avoid "going native".

The moment at which I was to leave the field physically by moving out of the rented house was more or less set before I even entered the field. I felt good about the data I had collected at the end of my six months in the field, although I also continued to gather data after physically leaving the field. *But leaving the field emotionally* was another step I had to take. I felt the need to return to the region regularly. Luckily, I was able to return at least once a month to meet with the mothers' group I had gotten to know during my fieldwork, as some of the group members had become more than just acquaintances. Linda, who was one of the members, was surprised each time I emailed her about attending the next mothers' group: *"It is so nice to have you there with us every month, it would have been strange to not have you in the group anymore, but I would have understood if you had just quit the group after you left Oostwold. It feels like you are still one of the group!"*

The regular contact with these mothers *and* the families I observed and interviewed in depth bridged some of the time between the fieldwork and the writing of my dissertation. I could inform them of my progress in analysing and writing up the data. In response to the questions they had about the results of the fieldwork, I decided to write up the results in a (informal) report. Giving the families the report also provided me with a certain end point to my fieldwork, and to having frequent contact with the families. Making this break also helped me focus on the data from a more objective viewpoint. Because of my (close) connections with the participants and with their environment I found it difficult at times to see the data apart from the individual stories. I still have warm relationships with some of the families and gatekeepers, but I do not speak to them very often anymore. Social media has made it easier to stay in contact with several

people. But it also feels good to just walk through the area once in a while and see some of the surroundings I very much enjoyed, and some of the people I had such an interesting time getting to know. The children are now two years older, but some are still participating in cooking clubs. Maria said to me not long ago: *It is so much fun to still have the children in the cooking clubs, it always reminds me of the start of your research. And it reminds me of why I am doing the work I do. You know you're always welcome!* But I am no longer the girl in the blue coat, cycling through the streets of Oostwold.

4.5 Food and food habits (changes)

What does field work do to you as a researcher? Are you the same researcher after performing your first serious fieldwork as you were before? I guess not.

As I have attempted to show throughout this discussion on positionality, engaging in fieldwork made me more aware of myself as a person and as a researcher. I learned more about my own habits, boundaries, and personality. It was through changes in my food habits that I first noticed that I was in a different environment. I noticed that my food habits were affected not only during the six-month period of fieldwork, but afterwards as well.

I do believe that the change of scenery can trigger another eating pattern. First, I depend on the bike for my groceries. This means that most of the time I get my groceries from the locally owned supermarkets in Midwolda or Finsterwolde. The supermarket in Midwolda gave me nostalgic feelings, because they still gathered returnable bottles by hand. Because the products in these supermarkets are more expensive than in the supermarkets in, for example, Winschoten, I notice that my budget is affected. The choice in products is also limited, so my diet is somewhat less varied. When I think about people in these villages who do not have a car or do not drive (especially older people), I realise they are limited in their choices, especially if they are on a tight budget.

On a more personal note I have more time to think about my meals, and, because I take my work home, I am more conscious about making healthy choices. I have time to cook fresh potatoes and other meals from scratch. I eat healthier meals because of the environment I am in and because of the time I have to manage my meals. I eat alone more often. Although I was going to cooking clubs in the first few months and I am invited to eat somewhere quite regularly, I eat alone much more often than I do in Groningen, and thus I also eat leftovers.

After I returned to Groningen, I noticed that the environment had changed more than just my food habits. The fieldwork also taught me about who I am as a researcher, and about what kind of researcher I would like to be. These are personal reflections on my experiences of fieldwork, but they also touch upon some issues that are important for the data and the results. They can be seen as limitations, or at least as considerations.

First, my entrance into the field partly determined the access I had in the field. I went into the field with specific contacts, and although I extended my network throughout my research, the results could have been different if I had approached other people to be my gatekeepers or

focused on other villages in Oldambt.

Second, I was physically present in the field and made observations of situations I was part of myself. If I had not been physically present, the people may have responded differently. I think that in natural situations the children responded to me as a researcher to a lesser extent than the adults did, but I and my personality were still present in these situations. Another or a more experienced researcher may have had a different kind of influence on the people he or she was researching. My personal development and insights into the data may have influenced the results as well for the reasons I mentioned above. Another or a more experienced researcher might have had different insights and a different development in the field.

Finally, although I made extensive efforts to reduce the social desirability of the answers given, the children as well as the adults may have responded to me differently on sensitive topics, such as being obese, as they would have in other situations.

4.6 Concluding remarks

All the decisions that might have influenced my data are part of the ethnography, which is the approach I chose to get to know the research environment, as well as the people within that research environment. Ultimately, this was the most comfortable and enriching research experience I have had thus far. It allowed me to look at the field from a researcher's perspective, while at the same time experiencing the daily lives of the participants. Below are some concluding remarks that show the benefits I saw in my way of working:

After I spoke to the children and interviewed them, they went and played with their toys, and I drank some more tea with Marie. Now and then the kids came to us and showed us something or asked us to watch their performances. This is what research in a very informal setting can be. I get to know the people before I interview them, and I will also see them regularly after the interview and will talk to them more about the issues we discussed during the interview.

My life here has become my daily life. I have my own things and activities, and I recognise the environment, the routes I take, and the people. What a joy to work in this way!

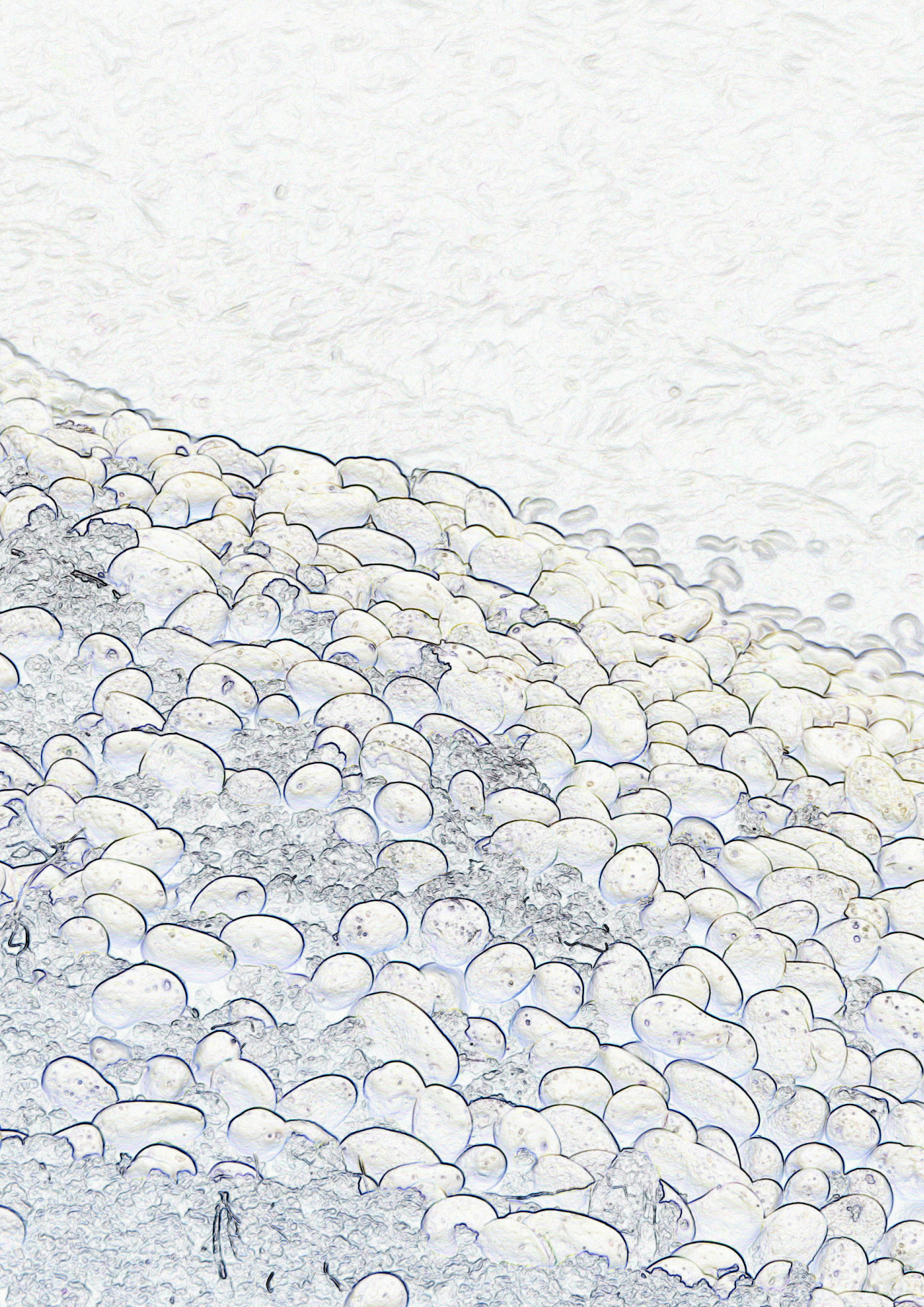
References like these give an indication of how ethnographic work can improve data collection—in this case, data for an analysis of food choices—in a complex setting such as a household. My decision to collect data on food choices in the framework of the capability approach and cultural schemas indicates that I wanted to gain a better understanding of individual choices and the context in which they are made. The ethnographic approach helped me gather data on the context and the complex food choice process because it provided me with the opportunity to 1) become familiar with all three generations involved in the food choice process; 2) get extensively involved in the context in which food choices are made; and 3) involve the participants in the research in a manner that creates deep sense of rapport, and that can counteract social desirability bias. In order to study the topics related to the theories that are applied in these contexts—such as

culturally bound behaviour or thoughts, agency, capabilities (in the broad sense of the word), and inequalities—I needed time to observe the participants closely and to interact with them directly. I was able to do so through ethnographic research.

In the next chapter I will describe the research context, providing a more detailed overview of the research area, and of its historical development. I will show how the area and the population have been characterised in the literature and in statistical data. This overview should provide more insight into the context in which the families shape their functionings and capabilities.

References

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5 /

The research context

5

(Figure 5.2). These municipalities started to collaborate in 2010, and chose a new name for their merged municipality: Oldambt, which means *old profession*.



Figure 5.2 Map of municipality of Oldambt

The municipality of Oldambt is located in the eastern part of the province of Groningen, and has a total population of 38,560. The municipality consists of one city and around 20 villages and hamlets, the largest of which are *Bad Nieuweschans*, *Blauwestad*, *Beerta*, *Drieborg*, *Finsterwolde*, *Heiligerlee*, *Midwolda*, *Nieuwolda*, *Nieuw Beerta*, *Nieuw-Scheemda*, *Oostwold*, *Scheemda*, *t' Waar*, and *Westerlee*. Winschoten is the only city. With a population of 18,458, Winschoten is the town in Oldambt with the largest number of inhabitants (Statistics Netherlands, 2014).

Ecologically, the municipality has an agricultural landscape, which generally consists of arable land and meadows in the older polders. The landscape of Oldambt is known for its large open spaces and wide views, with bordering dikes in the eastern part of the municipality (Schroor, Meijering, & van der Eijk, 2007). The villages rise within this wide landscape, and are therefore quite prominent in the scenery. The surface of the municipality of Oldambt consists of 79.4 per cent agricultural land and 5.7 per cent built territory (Statistics Netherlands, 2014). Other characteristics of the landscape of Oldambt are its clay ground; its ribbon development patterns; and its monumental farms, mills, and churches (Schroor, Meijering, & van der Eijk, 2007). A number of working-class cottages are also well-preserved and prominent in the landscape. The artificial *Oldambt Lake* has partly changed the environment around Midwolda, Oostwold, and Finsterwolde (Gemeente Oldambt, 2010).

The municipality of Oldambt was created in 2010 through the merger of the municipalities of Scheemda, Winschoten, and Reiderland. The province of Groningen initiated the merger because the development of Blauwestad affected all three municipalities. Merging the three municipalities made it easier to share the administrative responsibilities for the area (Gemeente Oldambt, 2010).

In the following sections I will discuss the context of the research area in more detail. First, I will describe the main demographic characteristics of the area, including the health statistics of the region and its health-related policies. I will then explain the historical, political, and sociocultural background of the area.

5.3 Demography

5.3.1 Population

Oldambt has a population of 38,560 people (2014), with slightly more women (19,513) than men (19,047). In the municipality the grey pressure is higher (31.7 people per 100 people are aged 20-64) than in the country as a whole (25.1 people per 100 people are aged 20-64) (Statistics Netherlands, 2014). The green pressure is slightly lower than the average in the Netherlands. These patterns can be seen in Figure 5.3, which shows the population pyramid of Oldambt in comparison to that of the Netherlands. The figure shows that, compared to the country as a whole, the municipality of Oldambt has a larger share of people aged 50+, and smaller shares of people in the younger age groups (Statistics Netherlands, 2011).

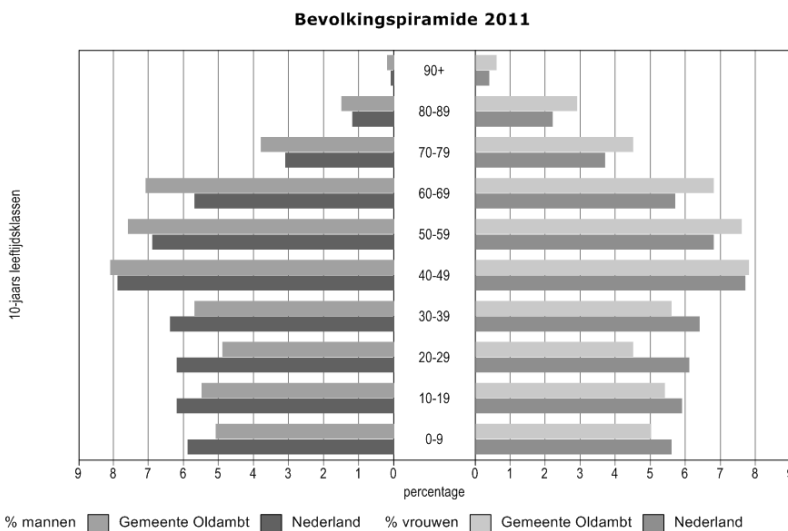


Figure 5.3 Composition of the Oldambt population (2011).

Source: *Oldambt in Cijfers* (2012)

5.3.2 Households

The types of households are quite evenly spread among the population of Oldambt: 34.9 per cent are single households, 33.1 per cent are households without children, and 32.1 per cent are households with children. These shares are comparable to the average shares in the Netherlands: 37 per cent are single households, 29.1 per cent are households without children, and 33.9 per cent are households with children (Statistics Netherlands, 2014).

When we compare the marital status patterns in the municipality of Oldambt and in the Netherlands as a whole we see larger differences. Of the population of Oldambt aged 15 and above, 30.1 per cent are unmarried, 51.4 per cent are married, 9.8 per cent are divorced, and 8.7 per cent are widowed. Compared to the shares in Netherlands as a whole, in Oldambt the shares of the population who are widowed and divorced are higher, and the percentage of the population who are not married is lower. In Oldambt, the average household consists of 2.13 persons.

5.3.3 Birth, death, and migration numbers

Table 5.1 shows the processes that influence population development: i.e., the numbers of births, deaths, and migrations. In addition to providing the absolute numbers of these events, we display the numbers in relation to the national figures. It is clear that the population of Oldambt is declining due to the municipality's relatively high death rate, its relatively low birth rate, and, most prominently, its negative internal migration rate. The north-eastern region of Groningen is one of the three regions in the Netherlands (together with southern Limburg and Zeeland) that is experiencing the sharpest declines in population (Provincie Groningen, 2010). The area has a negative migration rate, with more people leaving than coming into the area.

Most of the inhabitants of the municipality of Oldambt are of Dutch nationality. Just 10 per cent of the population have another nationality; a share that is relatively low compared to those of the other municipalities in the Netherlands.

Table 5.1 Demographics municipality of Oldambt and the Netherlands

	Birth	Birth relative (per 1000)	Death	Death Relative (per 1000)	Internal migration relative	Moving mobility relative	Migration origin (%)		Pop. growth relative
							Non-na-tive	Native	
Netherlands (2013)	171 341	10.2	141 245	8.4	no number	87.7	78.9	21.1	3.0
Oldambt (2013)	344	8.9	456	11.8	-1.4	86.4	90.0	10.0	-4.9

Source: Statistics Netherlands, 2014

In the following sections I discuss the consequences of the patterns described above: i.e., how the municipality of Oldambt deals with issues such as a declining population and a declining work force. These trends may (positively or negatively) affect the views of the participants regarding their opportunities and capabilities. Specifically, I look at how the municipality, policy-makers, and other organizations respond to these developments.

5.3.4 Declining population

In the former municipality of Reiderland, the hamlet of Ganzendijk became a symbol of the declining population in the region of eastern Groningen. The alderman of the municipality of Reiderland quit his job in protest over the intended demolition of 57 houses in the hamlet. The structural decline of the population in the area has attracted considerable attention since this incident. As the population has declined, the deterioration of the facilities and the growing numbers of vacant houses have become pressing issues (van Rossum, de Wildt, van Iersel, Nijland, & Rosenberg, 2011).

In the municipality of Oldambt the population declined from 39,093 inhabitants in 2012 to 38,770 in 2013 (Statistics Netherlands, 2014). The population is expected to decline further in the coming years, to reach a level of 35,000 in 2040. Most of the people who are leaving the declining regions are young adults who are moving to live closer to places with better job opportunities and other facilities. As not many people return to or move to the declining regions, those who leave are not replaced. Some results of the population decline are visible in the municipality of Oldambt. For example, in the coming 10 years, 10 of the 100 primary schools will have to close as the number of pupils decreases, and some schools have already merged. Sport clubs in the regions have a declining member numbers, and the theatre in Winschoten has been closed (KAW Architecten en adviseurs, 2011). Inhabitants of the region report that the high unemployment rates in particular have negative effects on the liveability of the region. These developments can turn population decline into a self-reinforcing process. If a neighbourhood or a village becomes less attractive because of the changes in the living environment, more people will move out of the region (Elshof, van Wissen, & Mulder, 2014). In a recent study, Bijker (Bijker, 2013) argued that it is important to invest in the existing assets and the current population of these declining areas before investments are made in attracting new people to these areas.

Understanding the development of population decline is necessary for interpreting for the results of this current ethnographic study in the Oldambt region, as they influence the context in which the food choice of the families in the region are made, e.g. the facilities to do the groceries and the health services provided.

5.3.5 Work and income

Most of the households in the municipality have lower incomes (the average (standardised) income in the municipality of Oldambt is 20,600 euros per year) compared to the Dutch average (24,000 per year). Oldambt is thus among the 10 Dutch municipalities with the lowest average standardised household income (Statistics Netherlands, 2014). Of the employed population in Oldambt, 40 per cent work in commercial services, 38 per cent work in the non-commercial services, 21 per cent work in industry, and one per cent work in the agricultural sector (Statistics Netherlands, 2014).

At 12.4 per cent, Oldambt has the highest unemployment rate of the municipalities in the province of Groningen (UWV, 2012). The percentage of households in Oldambt categorised as low income is relatively high (47 per cent, compared to 40 per cent nationally) and the

percentage categorised as high income is relatively low (13 per cent, compared to 20 per cent nationally) (Weet Meer: Gemeente Oldambt, 2014). Most of the Oldambt residents who have no job depend on unemployment benefits (48 recipients per 1000 inhabitants between ages 15 and 65) or on one of the social welfare benefit programmes (65 recipients per 1000 inhabitants). Of those who are unemployed, 42.9 per cent lack a basic education qualification, 29.9 per cent have a basic education qualification, and seven per cent have a higher education qualification (UWV, 2012).

High unemployment rate

Traditionally, the local economies of the northern Netherlands, and specifically of the province of Groningen, have been slow to respond to economic developments in the rest of the Netherlands. In the 2003-2008 period, the province of Groningen had slower economic growth than the rest of the Netherlands (van Eijk, Simon, van Dellen, Buurma, & de Tiège, 2010). While the economy in the province of Groningen experienced slightly stronger growth than the rest of the Netherlands (+2.1 compared to +2.0) in 2008, the economy contracted in subsequent years, likely as a belated response to the economic recession that started in 2008 (van Eijk et al., 2010). Following the economic recession, the unemployment rate in the province, and specifically in the municipality of Oldambt, increased. In the Oldambt region, the employment rate declined between 2005 and 2009, and was the second-lowest in the province of Groningen during this period (van Eijk et al., 2010). The response of the municipality of Oldambt to these declining employment levels shows that local officials were aware of the situation, and that they were trying to attract new companies from outside of the municipality. The municipality would like to initiate and facilitate the growth of companies and employment opportunities (Gemeente Oldambt, 2014).

The population of Oldambt may consider their life opportunities to be restricted because of the low workforce participation rate and the high unemployment rate in the municipality. Previous research has shown that the income level and the social environment of a place influence how the inhabitants perceive their opportunities in terms of health and food choice (Hiza, 2013; Martin 2012). These socio-economic factors will thus have to be taken into account in the current study when analysing the food choices families make.

Blauwestad

From the 1980s onwards, the municipality of Oldambt and the province of Groningen have introduced a series of initiatives to improve the employment situation and encourage people to move to the area. In 2005, they launched a revolutionary water, nature, and housing construction project (de Haan, 2010) called Blauwestad. The first step in implementing this project was submerging around 800 hectares of agricultural land that experts said was no longer profitable to create a large artificial lake, called the Oldambt Lake (Gemeente Oldambt & Provinciale Staten Groningen, 2010).

The development strategy also called for the construction of 1500 houses in a relatively

short time (10-15 years) with private-public cooperation. This project was designed to attract entrepreneurs, companies, and families to settle in the Oldambt area, and to boost tourism (Gemeente Oldambt & Provinciale Staten Groningen, 2010). The reactions to the plan and its execution were mixed. The farmers were the most critical, because they thought the increase in nature conservation areas might harm their harvests, as new animal populations could destroy their lands (Westerman, 2011). People were afraid that the history of Oldambt would disappear when the agricultural lands were submerged (Westerman, 2011). In the end, the development strategy was not realised; of the 1500 plots only 383 have been sold. These numbers are thus much lower than anticipated, and the project has not met the expectations of the province or of the municipality. The cooperation between public and private partners was discontinued in 2009 (Gemeente Oldambt & Provinciale Staten Groningen, 2010). The project was heavily criticised, including by the Court of Audit ((Noordelijke Rekenkamer, 2010). They concluded that Blauwestad never had a very good chance of meeting the goals that were set at the start of the project. Still, the municipality has reported that Blauwestad has led to some positive developments. More than 40 companies have been registered in the region since the start of the plan, and there has been an increase in the amount of area devoted to nature conservation (Provinciale Staten Groningen, 2010).

5.3.6 Infrastructure

Tables 5.2 and 5.3 give an overview of the number of and the distance to the facilities that provide services related to health, education, leisure, retail, catering, and transport. These numbers give insights into the facilities available to the inhabitants of Oldambt compared to the facilities available across the Netherlands. It is apparent that, on average, inhabitants of Oldambt have to travel longer distances to reach these facilities than people who live in other parts of the Netherlands. Table 5.2 on health facilities shows that there are far fewer GPs in the area than in other parts of the Netherlands, but this is expected given the rural environment. Many people in Oldambt also have to travel long distances to the hospital, as the only hospital within 20 kilometres is in Winschoten. This sparseness of health facilities could influence the amount of care people are able or are willing to receive.

Table 5.2 Health facilities

Facilities	Health	Health	Health	Health
	Distance to GP	Number of GPs within 3 km	Distance to hospital	Number of hospitals within 20 km
	km	number	km	number
Netherlands (2010)	0,9	9,9	6,4	5,5
Oldambt (2010)	1,7	3,1	4,7	1,3

Source: Statistics Netherlands, 2014

With regard to primary schools, the distance to schools does not differ much from the average distance in the Netherlands as a whole, but parents and children have fewer schools to choose from. This is also the case for high schools and vocational schools: the distances are the same, but the supply is limited, which may be expected given the rural setting.

Table 5.3 Education facilities

	Education	Education	Education	Education	Education	Education
	Distance to primary school	Number of primary schools within 3 km	Distance to vocational education	Number of vocational education institutes within 5 km	Distance to high school	Number of high schools within 5 km
	km	number	km	number	km	number
Netherlands (2010)	0,6	11,9	2,6	4,8	3,2	3,5
Oldambt (2010)	0,8	5,9	3,3	1,4	4,3	1,1

Source: Statistics Netherlands, 2014

Table 5.4 shows that the distances to other facilities in the municipality of Oldambt are not very different from the average distances across the Netherlands, except for the distance to a cinema (*Leisure*). Again, the number of facilities is significantly smaller than the average number in the Netherlands as a whole. As the number of big supermarkets and the number of restaurants within three kilometres are significantly lower than national averages, the supply and the variety of products available are also lower.

Table 5.4 Facilities

	Retail	Retail	Catering	Catering	Leisure	Transport	Transport
	Distance to big super-market	Number of big super-markets within 3 km	Distance to restaurant	Number of restaurants within 3 km	Distance to cinema	Distance to highway	Distance to train station
	km	number	km	number	km	km	km
Netherlands (2010)	0,9	9,1	0,8	53	6,8	1,7	5,1
Oldambt (2010)	1,1	4	1,2	9,6	22,3	1,6	3,3

Source: Statistics Netherlands, 2014

The average distance to a large supermarket is also visualised on the postal code level. In figure

5.4 we show the differences within the municipality of Oldambt. The map indicates that the average resident in Oldambt has to travel more than two kilometres to get to a supermarket, and that residents of some neighbourhoods have to travel four or more kilometres.

Gemiddelde afstand in kilometers tot dichtstbijzijnde grote supermarkt

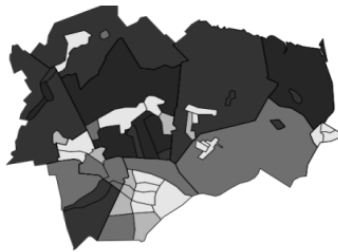


Figure 5.4 Average distance to large supermarket (in kilometers).

Source: Statistics Netherlands

5.4 Health context

In this research I focused primarily on issues related to health and lifestyle. I therefore want to provide a brief overview of the health issues in the province of Groningen, and, more specifically, in the municipality of Oldambt. Every four years the health services of the province of Groningen compile a health profile of the whole province based on the results of a questionnaire. The questionnaire is distributed among a representative sample of two per cent of the total population of the province (Broer, Kuiper, & Spijkers, 2011). The latest health questionnaire shows that of the total population in the province of Groningen, 39 per cent of the men and 33 per cent of the women report that they are in excellent health, 48 per cent of the men and 51 per cent of the women report that they are in good health, and 13 per cent of the men and 16 per cent of the women report that they are in poor health. There is a clear age structure in the likelihood of reporting being in good health (Broer et al., 2011).

Chronic diseases have the largest influence on self-reported health. In Groningen, 40 per cent of the men and 49 per cent of the women indicate that they have a chronic disease. High blood pressure and joint wear are the most commonly reported chronic diseases in the province (Broer et al., 2011).

With regards to psychological diseases, the questionnaire shows that 67 per cent of the men and 56 per cent of the women have a low or no risk of developing a depressive or anxiety disorder, while 33 per cent of the men and 39 per cent of the women have a moderate risk, and three per cent of the men and five per cent of the women have a high risk. Compared to people living in other regions in the Netherlands, the residents of the Oldambt region have the highest risk of developing a depressive or anxiety disorder, but these results are not significant. The people

who live in the Oldambt region report experiencing many moments of happiness. When asked about their levels of happiness over the previous four weeks, 10 per cent of respondents said they are always happy (in the last four weeks) 49 per cent said they are generally happy, 23 per cent said they are often happy, and 19 per cent said they are sometimes or never happy (Broer et al., 2011). We may conclude for this that depression/anxiety scales and scales of happiness give contradicting messages on the mental health of the population.

The health profile of Groningen highlights lifestyle issues such as alcohol(ab-)use, smoking, overweight, exercise, and nutrition. I will report briefly on the first two lifestyle issues, and provide more detailed information on overweight and nutrition.

In the Oldambt region 82 per cent of people over age 19 drink alcohol. Of this group, 10 per cent are excessive drinkers and eight per cent are heavy drinkers. The number of young people who drink too much is even more worrisome for health providers (Broer et al., 2011). In 2008, 69 per cent of the 16-18-year-olds in the Oldambt region drank excessively. The percentage of people who smoke has decreased in the past 20 years, and this trend is also visible in the province of Groningen. In 2010, 27 per cent of the men and 21 per cent of the women smoked, down from 31 per cent of the men and 26 per cent of the women in 2006. Across the Oldambt region, and 24 per cent of people smoke (Broer et al., 2011).

In the early 1980s, about one-third of the adults in the Netherlands were overweight. Since that time, the percentage of adults who are overweight had grown to nearly one-half (Broer et al., 2011). In the province of Groningen, the percentage of adults who are overweight has increased strongly. However, between 2006 and 2010 the percentage of overweight adults decreased slightly, and the percentage of obese adults stabilised. This trend is in line with the trends on the national level (Broer et al., 2011). Except among people aged 35-49, the percentage of overweight people has decreased in all age categories. There are large differences by geographic area: in the Oldambt region the percentage of overweight people grew between 2006 and 2010, from 38 per cent to 39 per cent; but the percentage of obese people decreased, from 18 per cent to 16 per cent (Broer et al., 2011).

The two so-called pillars for the development of overweight and obesity, nutrition and exercise, were also discussed in the questionnaire. The questionnaire provides information about the percentage of people who comply with the Dutch Norm for Healthy Exercise (for adults, at least half an hour a day of moderate exercise five days a week, and intensive exercise for 20 minutes three times a week). In the region of Oldambt, 41 per cent of respondents said they comply with the norm throughout the year, 17 per cent said they comply with the norm only in summer, one per cent said they comply with the norm only in winter, and 43 per cent said they do not comply with the norm (Broer et al., 2011).

The report uses the Guideline Healthy Nutrition to measure how many people adhere to food and nutrition guidelines. Of the adult Groningers surveyed, 84 per cent said they eat breakfast (a minimum of five days a week). In the region of Oldambt, 88 per cent of respondents said they eat

breakfast. In Oldambt, 31 per cent of respondents said they meet the norm for the consumption of fruit or fruit juices (in line with the average across the province), and 24 per cent said they meet the norm for the consumption of vegetables (compared with an average of 27 per cent across the province) (Broer et al., 2011).

5.4.1 Children and youth

The same health services that compiled the health profile for adults also prepared a health profile of young people between the ages of 12 and 18 (GGD Groningen, 2012). We compare these data against data from a second questionnaire, which focused on young people between the age of zero and 23 (Centrum voor Maatschappelijke Ontwikkeling, 2012). I will elaborate on the results related to overweight and nutrition of both reports here.

Centrum voor Maatschappelijke Ontwikkeling (2012) reported a strong increase in levels of overweight and obesity during primary school, from 6-8 per cent among 2-3-year-olds to 20-21 per cent among 10-11-year-olds. Statistics Netherlands reported the percentages of overweight or obese 4-12-year-olds: 18 per cent in 2009, 17 per cent in 2010, and 16 per cent in 2011. Because the age groups do not match, it is difficult to compare the results. The percentages of overweight children were found to be highest in the regions of north-eastern Groningen, south-eastern Groningen, and Hoogezand-Sappemeer.

The youth health survey reported the percentages of 12-18-year-olds who were overweight or obese (GGD Groningen, 2012). In the youth healthy survey of 2012, the children were asked to self-report their body length and weight: 11 per cent of secondary school students and 27 per cent of “practical education” (praktijkonderwijs) students reported being overweight. These percentages are comparable with the average national percentage (also self-reported).

In 2008 children in the second year of high school were measured by the youth health services. The results showed that the self-reported figures are not very reliable, as they found that 22 per cent of the children were overweight (GGD Groningen, 2012). A regional comparison showed that there were large differences in the shares of students who reported being overweight. In the eastern regions of the province, the share of students who reported being overweight was three times higher than in the other parts of the province (GGD Groningen, 2012).

5.4.2 Youth and nutrition

Like the adult respondents in the health survey, the respondents in the youth health survey of the Health Services in Groningen (2012) reported on their food consumption patterns. The results showed that 35 per cent of the boys and 41 per cent of the girls met the norm for eating vegetables. Differences between children were found based on their age group and form of education (GGD Groningen, 2012). One-third of the young people reported eating enough fruit per day. A large majority of the children aged 12-18 said they ate breakfast five times a week (81 per cent). Added to the questionnaire for the young people was a question about energy drinks: 44 per cent of the boys and 32 per cent of the girls indicated they consume energy drinks, and nine per cent of the boys and 3.1 per cent of the girls reported consuming too many energy

drinks.

5.4.3 Health policies in the municipality

The local health policy of the municipality of Oldambt is based on the national policy, which states that people should make their own decisions about what constitutes a healthy lifestyle, within an environment that supports them in making healthy choices (Gemeente Oldambt, 2013). The local policy document further states that overweight, substance abuse, and psychosocial problems are priorities for the municipality (Gemeente Oldambt, 2013). The municipality aims to create an environment that encourages healthy choices. In recent years the municipality has invested in promoting sports, and encouraging people to participate in sports will remain an important aim of the municipality.

The report provides only a small amount of information on the municipality's past efforts to promote healthy lifestyles, such as intervention- or prevention-oriented activities or events. The report provides details on the percentages of residents who engage in unhealthy behaviours. While the authors note that these figures are very worrying, they provide few concrete ideas for changing these percentages. The only intervention/prevention activity that is described in detail are the cooking lessons in the former municipality of Reiderland. According to the report, cooking lessons were organised in four locations in the municipality.

Another project the report highlights is SchoolGruiten (a project that provides fruit to the pupils at school). The authors recommend that the House of the Sport integrate information activities on food and health with their other activities.

The report emphasises that the municipality would also like to invest in promoting healthy eating and lifestyles, by, for example, extending the cooking lessons to the after-school activity centres in the municipality. The report further stressed that the municipality intends to expand its sports interventions. The authors note that in secondary and vocational schools there are few preventive activities promoting healthy eating and lifestyles, and state that the municipality intends to target this group more effectively, by, for example, using the prevention methodology "Gezonde Scholen" (Healthy Schools). The municipality also announced in 2013 its intention to recruit an officer in charge of prevention and intervention projects (Gemeente Oldambt, 2013). Through these activities, the municipality expects to improve health on the local level.

The health statistics indicate the population of Oldambt is generally not very healthy, as shown in the statistics on food intake, overweight and exercise. Children as well as adults are portrayed as unhealthy, but also a generally happy group. We will describe what this means to participants in the coming chapters. Health policies seem to focus on reducing the high percentages of e.g. overweight and obesity, but do not appear to include the perspectives and needs of inhabitants itself in the development of their policies.

5.5 Historical context

To facilitate the interpretation of the data from the ethnographic research and the context in

which the research was conducted, I describe some of the relevant highlights of the history of the area using historical scientific and non-scientific literature. I look at the region's agricultural and political history, and summarise some views on the culture in the region and on the development of the food culture. This background will help explain how people (can) make food choices in the region of Oldambt, and where their values, norms, and capabilities regarding food choice originate.

Settlement and agricultural history (in short)

The region of Oldambt has been known, and is still known for its large farms and agricultural landscape. This history continues to influence the current state of mind and the cultural identity of the population of Oldambt.

The farm settlements in Oldambt date to the 17th century, when a large farmer class governed the villages. There were sharp class differences in the region at that time, and conflicts frequently arose between the farmers and the workers on the one side and the high lords in the city on the other. In their protests, the farmers and the workers emphasised leading a basic and simple life, and rejected the luxuries of the higher classes. Although the farmers became wealthier in the 18th century (Hofstee, 1937) as the focus on agricultural land grew and grain prices increased, the farmers and the workers continued their joint public protests against class differences (Hofstee, 1937; Knottnerus, 1993). During this time the farmers and the workers often banded together to advocate for the prosperity of the workers as well (Knottnerus, 1993).

From the 19th century onwards the wealth of the farmers increased and their farms grew bigger. Although accounts of the relationship between the workers and the farmers differ, it is clear that the growing socio-economic gap between these groups led to increasing friction (Knottnerus, 1993). Knottnerus (1993) pointed out that because these groups stopped cooperating relatively late in history, their conflicts were even more bitter than might otherwise have been the case. The social differences between the workers and the farmers were very apparent, as the workers were living in poverty (Knottnerus, 1993). From 1890 onwards the farmers reduced the wages of the workers. The lowering of wages and the increasing mechanisation of agricultural production exacerbated the tensions between the workers and the farmers. There was not much resistance until the 1890s, but then violent strikes and disturbances started breaking out (Botke, 2002). The strikes continued far into the 20th century. The workers demanded more compensation and better working conditions, but the farmers would not submit to these demands. The strike of 1929 was the largest battle between the farmers and the workers in the history of Oldambt, and the region became known for its rebellious working class and on-going labour tensions. While the workers lost their jobs on the farms, the farmers started to turn their farms into modern family farms. Many shifted to other agricultural activities such as cattle breeding, or ended their careers as farmers (Botke, 2002).

A large share of the current population in Oldambt still identify with the working class, and this identity continues to influence not just political choices and responses to policy and authority, but also norms and values related to food choices (What should you eat, and why?).

5.6 Political context

The agricultural developments in Oldambt and the region's historic prosperity can be related to political developments. The tensions between the elite, the farmers, and the working class were (and still are) reflected in the political realm. Which came first can be debated, but changes in the agricultural landscape have long been associated with political changes.

With the establishment and the development of the modern political system in the Netherlands, the socialists and the liberalist farmers became powerful political groups in Groningen (de Jonge, 2012). The influence of the political parties grew, partly due to the introduction of the right to vote. In villages such as Beerta and Finsterwolde, the socialist parties became radicalised under the influence of the Russian Revolution. Some of these party members became radical communists who were calling for a revolution in Oldambt. The socialists became a majority, and the farmers lost their power in the course of these agricultural and political battles.

After World War II the political arena changed, and the people had to work hard to earn a living, while the political system tried to reconstruct the society (van Zutphen, 2009). From the 1960s onwards the polarisation of politics and society increased, and resistance grew among the population, especially in rebellious eastern Groningen (de Jong, 2012). The economic status of eastern Groningen had been low for decades due to declining incomes from agriculture and the lack of other industries that might have provided opportunities. The communist party grew in this region, and under the leadership of this party strikes that started in the agricultural sector spread to other sectors (de Jong, 2012). The high unemployment rate fed the population's sense of dissatisfaction with the centralised political system, and gave voice to the communist party (Westerman, 2011). Although the province was also highly dependent on the central government, the rebellion continued. In response to the unrest in eastern Groningen, the central government decided to move some government services to the northern Netherlands to give the local labour market a boost. Even now, the employment rates in the area are below average. In the municipality of Oldambt there are still large numbers of people with a far-left political orientation (de Jong, 2012). These political tensions continue to play a role in how people in the region approach their choices, their capabilities, and their opportunities.

5.7 Social and cultural context

A number of authors have written about the inhabitants of Oldambt, also called *Oldambtsters*. Hofstee (1937), for example, studied the specific characteristics of the inhabitants in an effort to describe a cultural mindset that could be generalised to the whole population. Although I recognise that these characterisations are not often considered scientific, it is interesting that several scholars tried to study the population of Oldambt (Hofstee, 1937). Because it might add to our understanding of how the people in Oldambt are perceived, and might perceive themselves, I share some of these writings in the following.

The origins of the Groninger population is a frequent topic of discussion among researchers and the people themselves (Broersma, 2005). Groningers are generally opposed to being compared with the *Friezen*, the population to the west of Groningen; and prefer to compare themselves

instead to the *Saksen*, or *Nedersaksen*, a population who originated in Germany (Broersma, 2005). Some Groningers have argued that they are a unique population in the Netherlands. Hofstee (1937) contended that the Groningers are likely a genetic mixture of the Frisian and the Saxon populations. In light of the considerable attention given to the *Oldambtsters*, Hofstee (1937) wanted to know whether there is an Oldambtster character, which (according to him) might even be genetically determined. Through a collection of character sketches from “reliable experts” who knew the group of *Oldambtsters* very well, Hofstee (1937) tried to generalise the character of the *Oldambtsters*. At the time of study, 50 school directors, physicians, and pastors were asked to write a character sketch of the *Oldambtster*. Their responses seem to imply that the participants all thought of the *Oldambtsters* as a separate group, although some participants referred to them as *Groningers*.

According to these experts, the characteristics of the *Oldambtsters* included a tendency to suppress the expression of feelings, and the desire to have concrete, material things rather than taking an interest in abstract ideas. Oldambtsters were described as honest, unpretentious (maybe even overly humble), and realistic. Many of the experts saw the Oldambtster population as having common sense, but lacking in emotion (Hofstee, 1937). *Oldambtsters* were also said to be conscious of the consequences of their actions, distant towards strangers, and dutiful (ter Laan, 1938).

According to Knottnerus (1993), the Oldambtster population today are focused on their future, but seldom draw upon their rich history. Without these boundaries of culture, Knottnerus (1993) argued, *Oldambt* is without boundaries. The *Oldambtsters* are said to dislike boundaries other than those they set themselves. Personal freedom is seen as the greatest good (Knottnerus, 1993). The rebellion of the workers and the liberalism of the farmers are reflected in the mentality of contemporary *Oldambtsters*, according to Knottnerus (1993). Stolk (2009) asserted in his popular book on the history of Oldambt that the fury, the bluntness, and the stubbornness of the Oldambtster grew out of the differences between the workers and the farmers.

In her dissertation on liveability in northern Groningen, Melis (2013) warned against making assumptions about general identity and common perceptions of liveability. These historical accounts and character sketches can be taken into account, but they should be endorsed by the community and the families themselves before they are used for analysing food choices.

5.8 Nutritional context

An example of the cultural/social context is the nutritional context. In this dissertation I claim that these contexts are closely related. To help explain the cultural schemas that affect the participants’ perceptions of food, we present some highlights of the food history of Groningen and Oldambt. Some of the elements of the Oldambtster food culture are still relevant for the food consumption patterns today.

Not much is known about how the Groninger cuisine developed. Donderwinkel (2012) is one of the few scholars who have written specifically about the development of the Groninger food culture. He described different stages in the development of food habits. He noted that the

differences in the food patterns in the north and the south of the Netherlands are probably the result of events that occurred during the Reformation. In the Catholic south a Burgundian food pattern became prominent, while in the north people kept eating “simple” food. Whereas in the south people often ate their dishes separately, the people from the north tended to mash their food together (“prakken”). In Groningen the practical way of cooking has always been preferred. The leftovers of the previous day always served as the basis for the next day’s meals.

Donderwinkel (2012) also describes “prakken” (mashing food) as a Groninger food tradition. This was done for different reasons. First, the potato had become the basic ingredient of many meals in Groningen. Second, people also grew cabbage, carrots, beets, and other vegetables that tended to wilt during winter. Mashing help to make this perishable food presentable and edible. Third, and maybe most importantly, making a stamp-pot was easy. Women who lived in the countryside worked alongside their husbands in the field, and did not have much time to cook. The women put the vegetables and potatoes in single pan in the early morning, and the food simmered as they worked (Donderwinkel, 2012). According to Donderwinkel (2012), the traditional Groninger food culture is best summed up with the words simplicity and sobriety.

The families in this study claim their food choices are rooted and are still grounded in this food history, and in the characteristics of simplicity and sobriety.

5.9 Discussion and conclusion

In this chapter the local context in which households make decisions is presented using perspectives from the literature and statistics on the area. I highlighted how the population of the region compared to the national population, which might influence their opportunities and capabilities.

The health statistics of the municipality of Oldambt indicate that the people of the region have high rates of chronic disease and high risks of depression and anxiety, but also have many moments of happiness. Although these findings could be seen as contradictory, they could also indicate that health and well-being can be considered separately. Among the characteristics that are linked to chronic diseases are the rates of overweight and obesity in the population. In Oldambt about 40 per cent of the adults and one-fifth of the young people are overweight, and 18 per cent of the adults and up to four per cent of the young people are obese. The increase in rates of overweight and obesity is often linked to health behaviour, and the statistics included information on four areas of health behaviour: alcohol consumption, smoking, exercise, and food consumption.

A group of young heavy drinkers and a stable group of smokers have been observed in Oldambt. Around one-quarter to one-third of the population meet the guidelines for eating fruits and eating vegetables, respectively. These health characteristics of the population and their food choices are affected by the contextual factors described in this chapter.

The region’s low workforce participation rates play a role in income, and the decline in the population affects the facilities that are available. The region also has a high percentage of divorced

and separated households. All of these demographic characteristics may influence families' food choices. Based on its levels of income, its levels of unemployment, and its population numbers, Oldambt is disadvantaged relative to the country as a whole. The low levels of schooling among the population can play a role in the knowledge families perceive they have when they make food choices.

The historical and the political contexts shape the social and the cultural contexts from which families derive their values, their norms, and their opportunity and capability perceptions; which in turn shape the food choices in a family. In this chapter I described the social developments in the region that fed the rise of socialism. The region thus has an image of having a rebellious, but also traditional population who care little for luxury. Instead, historical and political influences caused the people of Oldambt to strive to achieve equality and respect, and these struggles are reflected in the region's simple and sober food history. In chapter 8 on endowments and conversion factors, the households themselves will describe their views on these contextual factors, and on how these factors affect their food choices.

In the following chapters we will turn to the interpretation of the food choice process in the families, based on the perspective of Sen's capabilities approach and grounded in the cultural context. We will start this analysis with the current food patterns of the family households.

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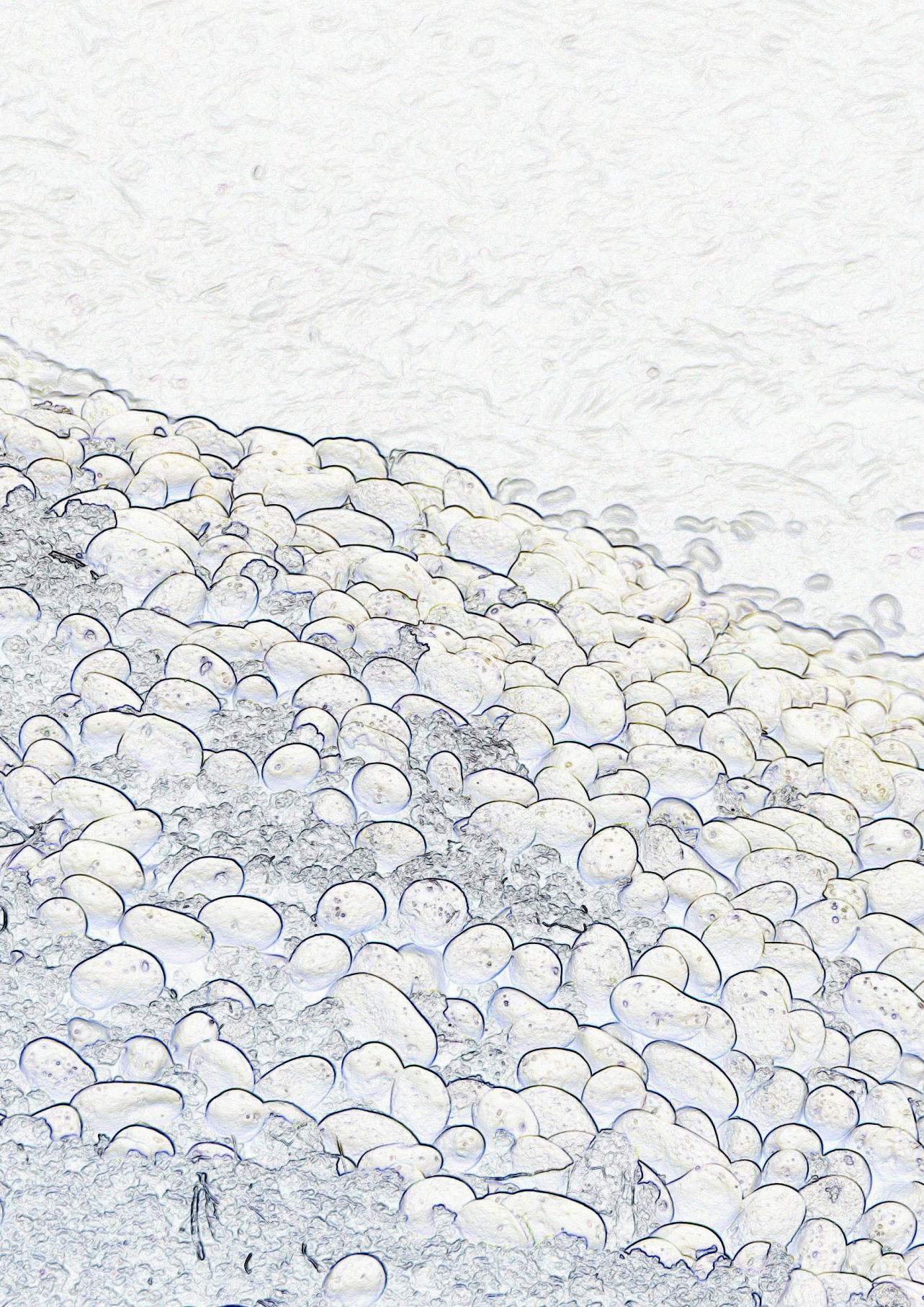
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6/

Achieved functionings: Family food practices

6

6.1 Introduction

In this chapter and the four that follow, we present the findings of our study. The findings are guided by the themes and concepts we identified in the theoretical framework presented in chapter two, but are grounded in the voices of the family households who were involved in the research. The chapters are arranged in line with the concepts of Sen's capability approach, upon which we build the theoretical framework.

In this chapter we present the achieved functionings (the actual achievements) in food choice of the family households through their daily food patterns. In this chapter we seek to answer the following questions: What are the actual achievements in food choice of family households in the municipality of Oldambt? And, what are the families' perceptions of those achievements?

We show not only what the parents and children eventually achieved in terms of the household's food pattern, but also how they valued this achievement. These achievements are considered the outcome of the combined set of endowments, conversion factors, and capabilities regarding their health status as it relates to food. We will study elements of this outcome throughout this dissertation.

In line with the division made by, for example, Biggeri & Karkara (2014) and Sen (1999), we distinguish between valuable functionings, which we will describe in the following chapter; and achieved functionings, which are described in this chapter. The distinction between achieved functionings and valuable functionings is between realised and valuable achievements; in other words, between achievements and achievements the individual 'considers to be valuable' (Alkire, 2005). With this distinction in mind, we point out the gap between what people would like to achieve and what they actually achieve. These two achievements can be similar, but they can also be different depending on the capabilities, the degree of freedom, and the degree of agency people have, and thus on the opportunities available to children as well as adults (Biggeri & Karkara, 2014). Thus, the opportunities and capabilities may matter more than the outcomes (Biggeri & Karkara, 2014).

The observations in this chapter are based on several sources of information. First, we consider the results of descriptions of the food patterns (on weekdays and weekend days) by the family members. Second, we look at visualisations of the food patterns through photos taken by the children in the family households. Third, we consider the results of a short questionnaire with responses from 25 children who were pupils at the local school. Their descriptions provide us with insights into the actual food choices. These choices are perceived as the families' achieved functionings (achievements), or their beings and doings regarding food.

6.2 Actual food choice (in order of the self-distinguished food pattern)

Although a combination of functionings have an influence on a person's life and life choices (De Blander, 2008), in this dissertation we focus on the functionings related to food choice, or being nourished, and how that affects the lives of several household members. According to Drèze & Sen (1989) and Iversen (2003), who analysed functionings, being nourished is one of the basic

functionings in most humans lives. We therefore highlight in this chapter the perspectives on being nourished, starting with the food patterns the families create for themselves.

In our conversations with the families, we asked for their interpretations of their food patterns. Most of the families in Oldambt said they believe their food patterns are typical for the Netherlands. Both the children and the parents referred to breakfast, lunch, and dinner as the three main meals of the day, but they also distinguished other “food moments” between those main meals: in the morning around 10 o’clock (coffee moment), in the afternoon around three o’clock (when the children get home from school), and in the evenings (after dinner). Most of the families indicated their daily food patterns are monotonous, with both meal and time patterns remaining the same, except for some differences between weekday and weekend patterns. Table 6.1 shows the daily food patterns described by the households.

Table 6.1: Characteristics of the food practices of the family households

	Always	Regularly	Sometimes	Never
Breakfast	5 families		5 families	3 families
Lunch	12 families	1 family		
Dinner	13 families			
Meals at the table	3 families	5 families	2 families	3 families
Tasks with meals		3 families	3 families	7 families
Meals at grandparents		7 families	2 families	4 families
Meals at school		2 families	4 families	7 families

Table 6.1 shows that the families identified the same basic daily mealtimes, but differed in terms of the meals they actually consumed. The largest differences between the families were in whether they ate breakfast, and in the setting in which the meals were consumed (i.e., the house or building and the specific room in the house in which the meals took place).

In the following sections we will discuss the food patterns of the families, following the order of the meals the participants used in the interviews.

6.3 Breakfast (what, when, with whom, where)

In all of the interviews, both the children and the adults started their descriptions of their family’s food patterns by talking about the meal in the morning, or breakfast. The textbox below presents a collection of the products they reported eating at breakfast in the interviews.

Breakfast Families:

No breakfast

or

white (8x) and brown (2x) bread, eggs/bacon, pancakes, raisin cookies, sandwich ham/cheese (microwave), gingerbread, yoghurt (with chocolate flakes), crackers, toast with ham and cheese, porridge, muesli, cookies with milk; “only unusual products, such as a mandarin”

Syrup, chocolate flakes, jam, powdered sugar, peanut butter, butter

Milk and coffee

Weekends: breakfast is eaten at a different time; different types of bread, baking an egg

The textbox suggests that families often chose between bread and products such as butter and fillings and dairy products with cereals. The foods eaten at breakfast consumption are also visualised in the photos taken by the children. Of the photos the children took for their interview, eight photos (out of 243) were of breakfast. Children who ate breakfast mostly ate slices of bread, eggs, bacon, or toast. Some also ate yoghurt with a choice of cereal (figure 6.1).



Figure 6.1: photos breakfast

Marieke (child): *Most of the times, when I eat my breakfast, I eat cornflakes with chocolate in them. The sweet flavour, I like that very much. I pour them in the milk or sometimes I eat them with yoghurt.*

The photos also showed that families consumed their breakfast in different settings. Most of the

families ate their breakfast at a kitchen table, while some families ate it at the kitchen counter or on the couch. From the photo analysis it became clear that breakfast was the least photographed of all the meals and the food moments. When asked why they took so few photos of breakfast, the children explained that they did not think about it (because they do not eat breakfast), they did not consider breakfast to be interesting, or they thought the breakfast products and settings are too similar to those of lunch time. The children who stated that lunch and breakfast are very similar, and are therefore not worth photographing, elaborated that the food items they eat at breakfast are very similar to the items they eat at lunch because they are not offered many choices. The children explained that only the sandwich fillings might differ.

When we look at the families' breakfast patterns we can already find differences in how the families ate, as some of the children and the adults indicated they do not consume breakfast. Most of the children and the adults referred to breakfast as the meal that is most often forgotten or intentionally skipped, and the parents reported that it is the meal they find hardest to persuade their children to eat.

Breakfast time

A class of primary school pupils also reported on the meal patterns and times of their family households. Most said breakfast is eaten between 7 and 8 a.m. In the questionnaire there was no option to indicate that they do not eat breakfast, but five pupils created this option themselves. These results are in line with the breakfast times reported by the families.

Table 6.2: breakfast times

Time	Frequency	Per cent
6:45	1	4.2
7:00	5	20.8
7:15	4	16.7
7:30	6	25.0
7:45	2	8.3
8:00	1	4.2
never	5	20.8
Total	24	100.0

In some families the breakfast for the children is prepared by the parents, while in others the children make their own breakfast. According to the participants, the items consumed differ depending on who makes the breakfast.

Ellen: When Marieke prepares the breakfast herself, I do not know what she eats. It is probably something other than I want her to eat. She probably grabs the cereals with chocolate, which we normally only have at the weekend. But she wants to be in control.

This comment shows how perceptions of the outcomes of a food pattern can differ between family members.

6.3.1 Value assigned to the breakfast outcome

Participants from all three generations reported having difficulties eating breakfast. The majority of the families said they eat breakfast once in a while or do not eat breakfast at all. The families reasoned they are not hungry in the mornings or they do not have time to eat breakfast.

Bouke (child): *In the mornings, if I get out of bed and eat breakfast, I always feel sick. So I do not eat breakfast. I have skipped breakfast for as long as I can remember; it is not my thing. I just take a cookie to school and then I eat it there, in the first break.*

Whereas most of the children said they think breakfast does not have much nutritional value, many of the parents said they do not have time to consume breakfast themselves, or to pay much attention to whether their children eat breakfast.

Wesley (child): *And my mom also never eats breakfast; she only eats in the afternoon and in the evening.*

Most of the parents reported struggling to get their children (and themselves) to eat breakfast. They often referred to their children as “difficult eaters”. Here we observe a difference between what the parents said they value in terms of the consumption of breakfast (and in terms of nutrition for their children and themselves), and what they actually achieve for their children and themselves. We will consider why these outcomes differ in the following chapters. Breakfast was described as being different from other meals, which are generally consumed every day. Some of the mothers spoke about the food choices at breakfast:

Bianca: *Brian is not too hard on me, but Michael is. Brian knows exactly what he wants; he always wants cheese on his bread, we put it in the microwave for 30 seconds and then he is done. Michael never wants anything.*

Yanna (mother): *On weekdays, in the mornings, I have to say, Chantal doesn’t like bread in the mornings, so that is a little problematic. I want her to eat something, because that is what a child needs, they say, but for her it doesn’t work.*

Although the parents often described the breakfast *outcome* as problematic, most of the children said they do not consider breakfast to be an important meal. As reasons for not eating breakfast or seeing it as a real meal, the children cited a lack of appetite, a lack of choices, and a lack of a set table. Priscilla reported:

Priscilla: *We do not have a real breakfast in the morning. The table is not set and most of the time my mom makes a plate with some sandwiches with cheese [...] and then everyone can take something from the plate.*

Although the parents as well as the grandparents reported that breakfast is a problematic meal, the participants also indicated that it is treated as a supposititious meal that is not specifically valued as an important meal for the beings and doings of the families.

6.4 Lunch (what, when, with whom, and where)

Lunch is the second main meal of the day the participants described. Many of the products they reported consuming at lunch are the same as the products they said they consume at breakfast. Most lunches include sandwiches with fillings, although the bread is more likely to be toasted at lunch than at breakfast, and lunches do not include dairy products. Many families also said they eat more hot products at lunch than at breakfast.

Families' lunch

White bread (5x) , hamburger/fish sticks, cold meats, soup, toast with ham and cheese (4x), pizza, sandwich with bacon, a sandwich with cheese, ham, egg, tomatoes, lettuce and cucumber [also called "broodje Gezond" (healthy sandwich)], muffins, eggs, French toast [*wentelteefjes*], fruit (2x), minced meat hot dog [*frikandel*]/cheeseburger/pancakes [*poffertjes*], fried cod bits [*kibbeling*]
Sometimes a hot meal (4x): same as dinner

Wednesdays: hamburgers, pancakes

Weekends: Some families skip lunch

Drinks: chocolate milk, milk, juice

Lunch was photographed 27 times by the children, more than three times as often as breakfast. This might indicate that lunch is considered more important than breakfast. Although the children said dinner is the most varied of their meals, they indicated that lunch is still more varied than breakfast. Most of the children said they usually eat a cold lunch, but others said they regularly eat a hot lunch. This meal often includes potatoes, meat, and vegetables, but also other warm products, such as French fries, sausages, hamburgers, or soups. Figure 6.2 shows a selection of the products served for lunch. Toasted bread is a very popular lunch product for consumption at home and at school.



Figure 6.2: photos lunch

The children who said they regularly eat lunch at their grandparents' house (seven families reported having regular meals with the children's grandparents) distinguished between the meals they eat at their grandparents' house and the lunches they have at home. They reported that the lunches served at their grandparents' house are more likely to be hot and to be made in accordance with their preferences.

Marieke (child): *At lunch I eat at my grandparents' house and then I often eat potatoes, veggies, and meat. When I do eat at home, we eat "poffertjes" [small pancakes], or something similar to that.*

Lunch time

The children's lunch times are less varied than their breakfast and dinner times, because this meal time is related to their school schedules. The majority of the children reported eating their lunch at noon.

Table 6.3: Lunch times

Time	Frequency	Percent
12:00	22	91.7
12:30	2	8.3
Total	24	100.0

Lunch setting

Of the meal settings, the lunch settings are the most varied, particularly among the children. The parents generally eat lunch either at home or at work, but the children may eat lunch at home, at school, or their grandparents' house, or at a friend's house. The schedules of these different locations are often fixed. Jarno, Francisca, and Roelfien explained their lunch settings as follows: Interviewer: *And what happens at lunch time?*

Jarno (child): *We come home from school and Janka [step mother] is always there. Sometimes my dad is there as well. Well, he is there most of the time and sometimes he is not at home for lunch. On Tuesdays we eat at my grandparents' house. My cousin also went there and then Annelie [sister] and I also wanted to go to my grandparents' to eat lunch. But my cousin doesn't go there for lunch anymore. On Wednesdays I often eat at a friend's house.*

Francisca (mother): *Well, in the beginning they always ate at home. But then I became ill and then it was not possible anymore. Dennis [father] already did everything in the household and he couldn't have the children there for lunch as well. So now they eat their lunch at school on some days of the week.*

Roelfien (grandparent): *At lunch time Wesley and Stefan come to my house. They eat some white toast and this afternoon we will get some fish fries from the market. It is a thing we do with the boys.*

At the time of the research the schools in the region were discussing whether the school schedule would change into a continuous timetable, which would mean that all of the children would eat lunch at school (on weekdays), and would go home at 2 p.m. In one of the families one of the children had moved from a school with a continuous timetable to a school with a lunch break, and the girl's mother spoke about how each of these schedules affected her daughter's eating habits:

Janka (mother): *It has changed her eating; first she was at a school in Drieborg and there they had a continuous timetable. There she often ate her food at 10 a.m... and then did not have food for lunch, and would be very hungry when she came home from school. She would eat a lot, and at dinner time she would eat again. Now, at this school, she can eat a whole lot when she comes home from school at lunch time. We [parents] can pay more attention to her eating.*

Most of the mothers said they are not happy about the change in school schedules, because they will have to change their lunch times and food schedules for the afternoons, and maybe also for the evenings. They also said they think they will have less control over what their children eat.

6.4.1 Value of the lunch outcome

From the stories of the participants and from the observations, it appears that the families consider lunch to be the least complicated meal. The parents said they feel less concerned about the food their children eat at lunch than at the other meals, and the children said they are reasonably happy about their food choices at lunch. Most of the parents said eating lunch can compensate for missing breakfast in the morning.

Dorien: *At lunch he eats, so than it is ok again.*

Ellen (parent) reported that *"at lunch we do not have a set ritual, we do not mind how we sit and eat"*. This suggests that lunch is seen as the least complex and the most flexible meal of the day. The children said they think of lunch as an easygoing meal, and as the meal at which they can eat what they like most of the time.

Erben (child): *Mom is at home, so we can go home for lunch. That's better, because at school it is busy and the children are annoying. At home we can just eat some sandwiches or whatever and then relax.*

On Wednesdays the children are often served something extra. In the Netherlands children often have this afternoon off from school, and the children thought this is why they are served something extra. The parents and the grandparents indicated that there is more time to prepare something on these days.

Annelie and Yanna talked about this meal:

Annelie (child): *We do that every Wednesday [...], we eat pancakes.*

Yanna (parent): *On Wednesdays we do something extra; it feels good to have the whole afternoon together. Then she asks me: "Mom, can I have a burger?" Then I always give her a burger on a*

bun.

Of all of the meal outcomes, the lunch outcomes are the most satisfying for the children, the parents, and the grandparents. Lunch is the meal that is consumed most frequently at the grandparents' house. The children were therefore especially likely to talk about valuing their grandparents when discussing lunch.

6.5 Dinner (what, when, with whom, and where)

Dinner is regarded as the most comprehensive meal of the day. The parents often started their description of the family's food pattern by talking about the products they consume at dinner, because they (especially the mothers) said dinner is the meal that consumes most of their time and other resources. The textbox below shows that the products that are most frequently consumed at this meal are potatoes, vegetables, and meats. The parents characterised these items as typical of traditional Dutch (and even regional) cuisine.

Products dinner:

Potatoes, vegetables, and meat (AVG) (7x), Potatoes and meat (on Tuesdays with vegetables), *Dutch meals* (Hollandse Pot), pasta (=difficult), mashed potatoes (stamp pot) (4x), Indian food (1x), Italian food, pig's heel (1x), *2 days of healthy food*, pizza, pancakes, French fries
Dessert (9x)

Vegetables: cucumbers, leeks, tomato soup, (French) beans, sprouts, carrots, green peas, cauliflower, chili con carne

Potatoes, spaghetti, bread, macaroni, pancakes, wraps, noodles

Meats: chicken schnitzel, sausages, hamburgers, Met

Drinks: lemonade, water, soda, juice

Weekend: often "'more unhealthy', leftovers, pizza, French fries, pancakes, bread, soup

Figure 6.3 gives an impression of the evening meals the children photographed. The meal in the evening was photographed most often (64 times). All of the photos the children associated with this meal are of warm products. In the interviews some of the children indicated they eat bread for dinner, but they did not demonstrate this in the photos. The products that were photographed are meat (majority, 24 times), potatoes (17 times, also fried potatoes), and sauces (17 times). Vegetables were photographed 14 times, French fries were photographed seven times, and pasta was photographed four times. This shows that dinner is important to the children, and is most closely connected to their experiences with food on a given day.

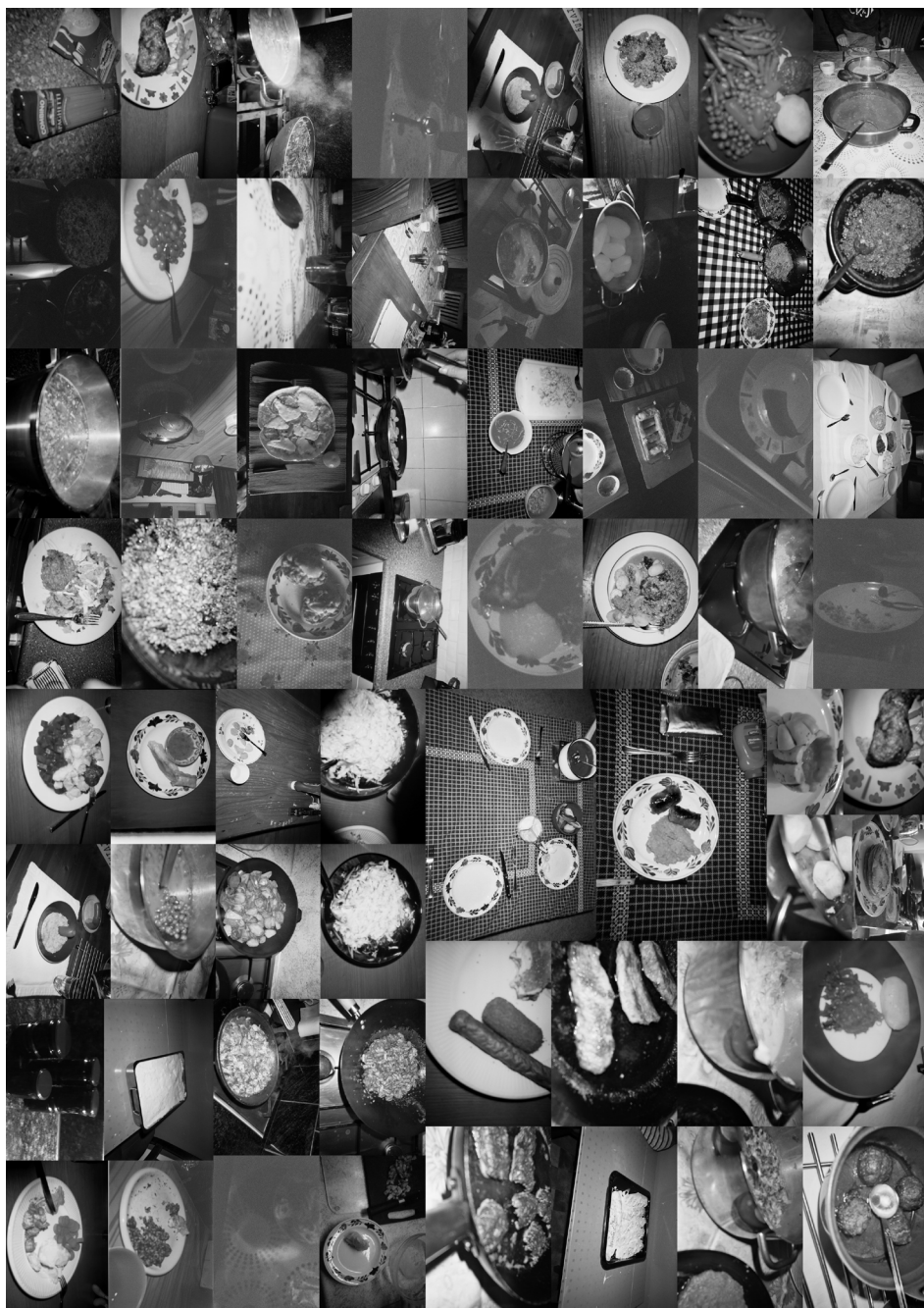


Figure 6.3: photos dinner

The primary school children who were surveyed also indicated that they eat potatoes for dinner much more often than other items, such as pasta, rice, or couscous. The question the children had to answer was: *What do you eat for dinner most often?*

Table 6.4: *What is for dinner?*

Main product	Frequency	Percent
Potatoes (with meat and vegetables)	21	87.5
Pasta	1	4.2
Rice	1	4.2
Couscous	1	4.2
Total	24	100.0

The following comments are representative of the children's and the parents' views on the food they eat at dinner.

Marieke (child): *Here you see the cucumber as vegetables and the chicken schnitzel. I forgot to put the potatoes in the picture. The schnitzel is the best!*

Linda (mother): *Because the children are picky when it comes to food, we often eat potatoes, meat, and some vegetables. Of course the vegetables are the worst thing. But eating vegetables with potatoes is not as bad as eating vegetables with pasta, because those are mixed vegetables. A bit of leek and bits of pepper, those small vegetable pieces—that really isn't good.*

Dinner time

According to the participants, dinner usually starts between 5 p.m. and 5.30 p.m. Breakfast and lunch times are often based on the children's school schedules, but dinner time is more flexible. The children and the parents who said they occasionally eat bread for dinner indicated they do so because bread can be prepared quickly, leaving time for the children to attend activities in the evening:

Kelvin (child): *[Well, sometimes we eat a warm meal at lunch and bread in the evenings], because on Mondays I swim and eh, I think it is easier to eat some sandwiches those nights.*

The pupils who filled out the questionnaire reported the same schedule at dinner time.

Table 6.5 Dinner times

Time	Frequency	Per cent
17:00	5	20.8
17:30	6	25.0
18:00	12	50.0
Later	1	4.2
Total	24	100

A number of families indicated that the time they eat dinner depends on when the father comes home from work. In the families in which none of the parents are working, dinner time is often based on the most convenient time or the time the children get hungry. When the children have evening activities (such as sports) the parents adjust the dinner time to those activities.

Interviewer: *Could you tell me about a day in the week, how that looks like for you in terms of meals?*

Dorien (mother): ***(she immediately starts talking about dinner)*** *We often eat at five, when Harm comes home from work.*

Lilian (mother): *When they are hungry, they get a biscuit or something sweet. They come home from school around 3 p.m., I think that is quite early, and often by the time it is half past four we are all hungry again. So most of the time I start preparing dinner then, otherwise they eat so much in between that they do not eat their dinner anymore.*

Dinner settings

The children's photos show the environment in which they eat food and in which food is prepared. Of the 216 photos the children took, 195 were assigned a code for their setting: 180 of these photos were taken at the children's house, 12 were taken at the grandparents' house, and three were taken at school.

The photos of the setting show the following scenes: a set dining/kitchen table (30 times), a dining table that is not set for a meal (20 times), the living room/couch (39 times), and the hall/corridor (one time). Two photos specifically show the television. The children took 61 photos of the kitchen or the worktop where the food is either prepared or eaten. The photos also show the dishes or the appliances (such as the toaster) that are used for cooking or preparing food (16 times).

The fact that most of the children photographed the kitchen/dining table indicates that they associate food patterns and food choices with this setting, even though they do not always eat at the table. The children also appear to associate the preparation of food with the kitchen, although the kitchen is not always used to prepare food.

Dennis (father): *Well, sometimes we just ignore the kitchen... and order some take out.*



Figure 6.4: photos of mealtime

The families indicated that they switch between the couch setting and the table setting, depending on their schedule that day. They mostly use the couch when they want to watch something on the television. This is seen as a more relaxed setting than the dining table setting. Linda (mother): *Well it is more relaxed [in the couch setting]. When the children want to watch something on TV and everything does not go according to plan, then we sit in front of the TV. It relaxes the children, they are quiet.*

Chantal (child): *We often eat here (dining table) and at other times we eat in front of the television [“eten we voor”], then we just eat there because there is a good programme on television.*

Bianca (mother): *Well, because we do not have much space and because my bed is in the dining room we always eat here, on the couch. It is very cozy to watch television with the three of us and just eat.*

Some of the children eat separately from their parents because they want to watch different TV shows or have different needs when they eat their meals. Dewi told me she often eats in the kitchen and her parents eat in the living room so they can each watch their own TV shows.

Dewi (child): *Sometimes we eat together in the living room and sometimes I eat in the kitchen and my parents eat in the living room. And on special days like Christmas we eat together at the*

kitchen table.

Interviewer: *And why are you at the kitchen table and your parents in the living room?*

Dewi: *Well, my parents are watching TV and then I also want to watch TV, but a different programme. Then I watch in the kitchen because there is also a TV. I watch Nickelodeon.*

Other children told me this also happens in other settings, such as at their grandparents' house, where the children eat in front of the television and the grandparents at the table.

6.5.1 Values related to the dinner outcome

The participants, and especially the adults, indicated they find it difficult to value the dinner outcomes. The actual achievements and the outcomes of dinners were often valued very differently by the family members. Many of the participants said that preparing a nutritious meal that satisfies all of the family members is impossible. Therefore, the children sometimes rated a dinner outcome very highly, while the parents or the grandparents rated the outcome as less nutritious and less satisfying.

The children reported that they usually focus on the products they like in a meal, ask for other products (mainly with regards to vegetables served at dinner), or do not eat the meal.

The mothers said they focus on which products the children like and dislike, and valued their food patterns accordingly. A grandparent, Rika, indicated that she does not choose the products she does not want to eat; in her case, spaghetti and macaroni. Anna reported that she buys the food products that fit her food patterns, but that those products do not fit the food patterns of her grandchild.

Rika (grandmother): *Spaghetti and macaroni are not served in our house. We have pea soup or mashed potatoes. That is our daily meal.*

Anna (grandmother): *The youngest grandchild [...] only eats meat and dessert. No potatoes and no vegetables. When she is at my house she does eat some potatoes, but I cannot get her to eat vegetables.*

With regards to the dinner, the participants indicated that meat and potatoes are generally valued by all of the family members. These are both traditional products in the region, and are prepared for most of the dinners. Most of the time the potatoes are cooked and the meat is fried. The interviews confirm that most families eat potatoes, and a word count from the interview transcripts shows that the words “potatoes” and “potato” were used most often when the participants were naming products. Words for vegetables were used less frequently, and when they were used, they were often used in a negative context. The interviews also show that vegetables are less prominent in the food patterns of most of the families.

Agina (mother): *We eat French fries once or twice a week, then two days of potatoes with vegetables, or I bring a can of soup and we eat that with some bread and a piece of meat. Then I am done for the day and the boys enjoy their food.*

The families said they are generally satisfied with the setting in which they eat. Some of the families said they are very strict about eating at the dining table, but most of the parents said they think it is more convenient to eat on the couch, because then they do not have to argue with their children about setting the dining table, and the children are more likely to be quiet. Some of the parents (especially mothers) said they feel it is important to try to talk to their children during the evening meal, because dinner is one of the only times of the day they have the chance to really talk to the children about their daily activities, or to listen to the children's stories.

Gea (mother): *Yes, we always eat at the kitchen table, because my children do not tell that much, you really have to ask them to talk about something. When they are in front of the TV, you do not get any response. My mother-in-law thinks it is very normal to put the children in front of the TV when they are at her place. My husband will also sit in front of the TV. When I am there they have to sit at the table; I think that is very important.*

At the weekends (Friday, Saturday, Sunday) the families mostly eat in the couch setting.

Bouke (child): *Yes, we eat at the dining table, except for the times we eat French fries on Fridays and soup on Sundays. Oh, and when we eat pizza we also move to the couch. But when we have a guest, we eat at the dining table.*

6.6 In between (what, when, with whom, and where)

Although the participants focused on the main meals in their descriptions of their food patterns, we also asked them to describe the products they consume between these meals. The participants admitted they are less aware of these in between moments, and speculated that this because these moments in the food pattern are not as planned as the main meals, and are instead dependent on whether the children are hungry between the main meals. In the following box we show the products the participants said they sometimes consume between meals.

Products in between meals:

Chips, candy, fruit (*on Tuesdays and Thursdays/in summer*), cookies (2x), toast, 'baking something', chocolate, cheese dipper

The photos of the products consumed between meals show a varied pattern. Fruit was photographed regularly, sometimes to show the participants eat fruit, and sometimes to show they do not eat fruit. In addition to fruit, the children photographed various sweet and savoury products, such as chocolate and chips. Of the 37 photos the children took of snacks, 10 are of fruit and 27 are of other snack products.



Figure 6.5: Photos of products in between meals

Most of the children eat a snack at school. These snacks could be cookies (e.g., Evergreen) or chocolate. Some of the parents give their children fruit to eat in their break at school.

Mark (child): *At school we have fruit every Tuesday and every Thursday. When we do not have fruit at school, I eat something else, such as a cookie.*

Lilian (mother): *I always give them some fruit when they go to school. One day in the week they can have something else for their break at school.*

The children (and their parents) consume most of their snacks after they came home from school in the afternoon, just before dinner, and after dinner. In the evenings the families eat more savoury snacks, such as chips or cheese; whereas in the afternoon they tend to consume sweet snacks, such as candy or cookies.

Gea (mother): *The children come home at 3 p.m. They have some tea and some soda and a lot of cookies. They can easily finish a package of cookies.*

Agina (grandmother): *I don't know, in summer the children eat more fruit, and that is the only time I buy it. In the winter it is also more expensive, and they have other needs, something warm and sweet; they would rather eat a cookie.*

When I talked about food with the children, many told me about the struggles they have with consuming vegetables and fruits, and the fun times they have while eating snacks. They often expressed a preference for eating something between meals or products they like, and said they value these moments the most. Most of the parents said they struggle with snacking, because while they know certain foods are less nutritious, they enjoy eating these snacks with their children.

6.7 Products: drinks with and in between meals

Some children explicitly photographed the drinks they consume with or between their meals. They photographed juices (eight times), lemonade (six times), and tea (five times). The children also pictured soda, coffee, and milk.



Figure 6.6: photos of drinks

Ricardo (child): *In the mornings and with lunch we eat the same things, but with lunch we drink chocolate milk.*

The parents said they mostly drink coffee or tea and sometimes soda. At breakfast the children drink tea or milk, and during the day they drink lemonade, juices, or soda. Some of the households drink soda only at the weekends.

In my conversations with the children, they often claimed that you cannot drink water except in the form of lemonade or tea. In my observations of the children I saw that they were mostly

served tea, lemonade, or sodas. In public gatherings the older children also consumed energy drinks.

Of the products that were discussed in the interviews, drinks were mentioned the least, and were the products to which the least value was assigned. In discussions of consumption patterns, the participants showed little interest in discussing drinks.

6.8 Weekend differences

Most of the families in the region indicated that they eat different foods and at different times at the weekend than they do during the week. In the questionnaire, 19 of the 24 children indicated that their family's weekend meal pattern differs from their weekday pattern (table 6.6).

Table 6.6: Weekend Differences

Differences	Frequency	Per cent
yes	19	79.2
no	5	20.8
Total	24	100.0

Table 6.7 shows the differences the children reported experiencing at the weekend. Some of the children indicated that nothing changes at the weekend. Other children said they do not consume different products, but the structure of their day changes. A larger group of children noted there are differences, especially regarding the products they eat. Some eat pasta or French fries at the weekend. Most of the children indicated that they eat more 'unhealthy' products. Some of the children bake cakes with their family or do not have to eat vegetables at the weekend.

Table 6.7: What is different at the weekend?

What is different	Frequency	Percent
Bread	2	8.3
No vegetables	1	4.2
Lasagne	1	4.2
Nothing	5	20.8
French fries	8	33.3
French fries with sauce	1	4.2
Soup	3	12.5
Cake	1	4.2
More extended meals	1	4.2
More fat meals	1	4.2
Total	24	100.0

In the interviews, most of the participants indicated that their weekend food patterns differ from their weekday patterns, largely because the children do not go to school and they have more leisure time. At the weekend, the families tend to choose foods based on taste and convenience.

Difference in structure

At the weekends the three main meals are often consumed at different times or are not consumed at all. Lunch and breakfast are often consumed later in the day, or one of the meals is skipped.

Aaron (child): *Well, at the weekends we do not eat in the morning. Then we eat in the afternoon and in the evening. But Erben and Cynthia never eat in the morning, so for them nothing changes.*

Agina (mother): *At the weekends we share lunch time together. We bake an egg or we eat toasted bread. On weekdays the kids eat at school, so then I eat a quick lunch by myself.*

Difference in convenience

Many of the parents (mostly the mothers) indicated that they spend less time preparing meals at the weekend. They often decide at the last minute what and how the family will eat. In general, this means the food is easy to prepare or does not involve cooking.

Judith: *On Fridays we eat French fries and on Saturdays we have a leftover day. When there is nothing left, we put a pizza in the oven or we just eat bread; we eat bread three times a day. On Sundays we often eat soup with some meat, and then again on Mondays.*

Ellen (mother): *On weekdays we eat the normal things and at the weekend is it a bit easier. We eat whatever we find on our way.*

This last sentence was repeated throughout my fieldwork. The participants often described a pattern in which they prepare a “normal” hot meal with potatoes and meat once or twice a day during the week, and they prepare easier meals or no meals at all at the weekend.

Difference in vegetable consumptions

Most of the children indicated they do not eat or do not *have* to eat vegetables at the weekends. The parents did not acknowledge this directly, but they admitted that their family’s weekend diet is less healthy.

Marieke (child): *Well, at the weekends we definitely do not eat vegetables. We often eat kebabs or we get a pizza from the kebab restaurant. On Friday we often eat French fries.*

I: *Could you tell me more about the differences between the weekends and weekdays?*

Wesley (child): *It is the kind of food we eat.*

Stefan (child): *We order something or we make a pizza together. Once there was a person here, an acquaintance and he stayed for dinner. It was on a weekday. We ate red cabbage and potatoes and meat. And then he said: “What are you eating? This is food for a Sunday!” And then we*

looked at each other: “Red cabbage? That is not Sunday food! No, Sunday food is... I don’t know, pizza or something like that”. We really did not understand why he said that red cabbage was food for a Sunday!

The products and patterns that the families described seem representative of the patterns I saw throughout my fieldwork. The products consumed at lunch and breakfast are generally the same, with some variation the weekends and on Wednesdays. Different foods are eaten in the evening. I observed and heard families speak about their dinners and the food they eat in the evenings, and noticed some differences. Different families reported consuming different quantities and kinds of food.

6.9 Discussion

The outcomes of the food patterns are an indication of the achieved functionings, which are the outcomes of the valuable functionings, endowments, conversion factors, and capabilities people perceive in their lives. These outcomes are in some cases satisfactory to the families and the people in the region, while others explicitly see their capabilities and conversion factors and endowments reflected in these choices and health patterns. Together with, for example Alkire (2005), we argue that it is necessary to have information about the functionings achieved as well as about the valuable functionings to understand how individuals and families evaluate their well-being. By identifying what people value in their food consumption and choices, we can better understand which components should be supported in potential intervention and prevention activities related to food consumption.

The family members’ actual achievements and actual food patterns provide us with insights into whether they value the outcomes they actually achieve. The food patterns show that most families in this region eat breakfast (although skipping occurs across households and generations), lunch, and dinner; and snack between these meals. The most popular products are (toasted) bread for breakfast and lunch, and potatoes, meat, and vegetables for dinner. These food patterns are confirmed by data from the National Food Consumption Survey, in which the respondents (most of whom have lower socio-economic backgrounds) indicated that they mainly eat potatoes and meat products, and find it difficult to eat breakfast (Hulshof, Brussaard, Kruizinga, Telman, & Lowik, 2003). The meal time pattern is generally the same for all households. Some households choose to have a hot meal for lunch or to consume two hot meals a day (at lunch and dinner). Meals are consumed at home, at school, at work, at friends’ houses, or at grandparents’ houses. In this chapter we learned that the families generally have comparable outcomes in terms of food choices and achieved beings and doings regarding food. Breakfast was found to be the most difficult meal to consume, as there is a constant conflict between opportunity and the value of the meal; whereas dinner was shown to be the most complex meal in terms of the products consumed. Lunch outcomes were found to be more easily achieved by all of the family members, although this meal is more subject to contextual factors (consumed at school or at other places). The meal outcomes are often valued by the children and the grandparents, while the parents

are less appreciative of the meal choices, especially in relation to the consumption of breakfast and the choice of products at dinner, which they consider to be less healthy or excessive. Other studies have also found that children may evaluate their food consumption differently than their parents (De Bourdeaudhuij, 1997; Fitzgerald, Heary, Nixon, & Kelly, 2010), and that parents and grandparents tend to evaluate food consumption differently (Farrow, 2014). The parents, the grandparents, and the children also differ in their evaluation of meal settings: dinner at the table is most valued by the parents, while the children prefer to have their meals on the couch. In discussions on meals and meal patterns we find that the participants' values follow a deeply rooted pattern, in which dinner is considered the most important meal of the day, and products that have long been embedded in the environment, such as potatoes and bread, are highly valued.

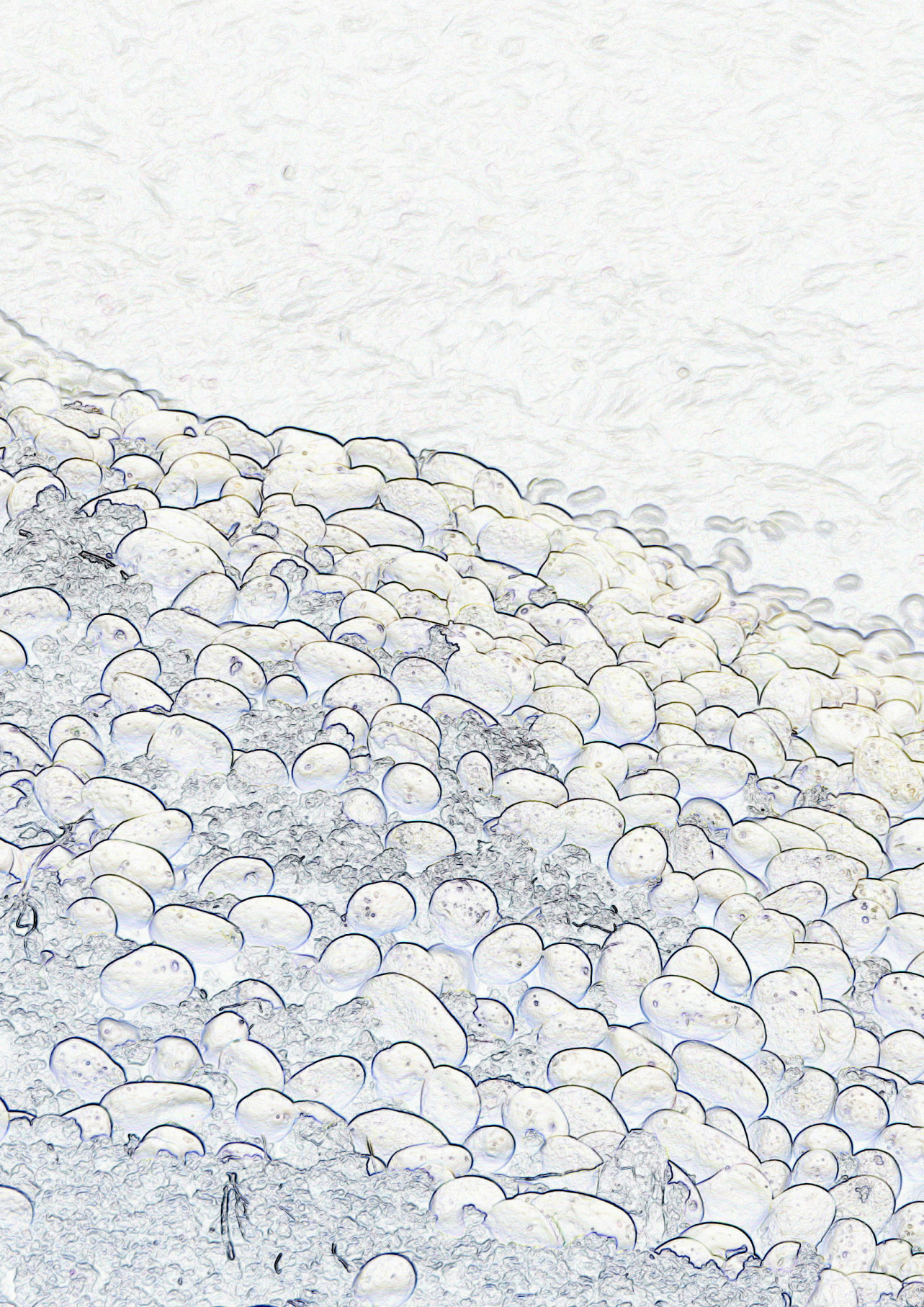
All of the families are trying to create food *patterns* within the household, which may be a more or a less valuable outcome. We also found that the achievements in food choice can be related to valuable functionings, but are not necessarily in line with the valuable achievements of the family members. Therefore, as Biggeri & Karkara (2014) argued, the choice of valuable functionings, rather than the achieved functionings, should be at the centre of the capability approach. The focus should not be on the precise behaviour or outcomes, but on what is valuable in the eyes of families (Biggeri & Karkara, 2014).

We emphasise that the choice to be "well-nourished" is not the only achievement related to food choice, as other valuable achievements also play a role in the families' food patterns. We will therefore highlight other (valuable) functionings in the subsequent chapter. In this chapter, we will explain in more detail why certain achieved functionings are or are not valued, and which valuable functionings these households actually want to achieve.

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7/

Valuable functionings in food choice

7

7.1 Introduction

In this chapter, the focus is on the valuable achievements in food choice; it explains what the family members—including the children, the parents, and the grandparents—would like to achieve with their food choice. Functionings are the set of valuable achievements in everyone's lives (Sen, 1999), and are an evaluation of the capabilities people see in their lives, combined with the things they would want to achieve. *“Basically, functionings are the valuable achievements that determine individual well-being, they are, in Sen's language, the various things a person may value doing or being”* (Martinetti, 2006, p.95). Here we explain how actual functionings (the actual achievements), which are explained in the previous chapter, can differ from the valuable functionings (or valuable achievements) (Alkire, 2005).

Instead of defining which valuable achievements play a role in the overall physical and social well-being of households, we zoom in on the valuable achievements in terms of food choice, which partly determine the physical and social well-being of the members of a household, and play a role in the nutritional well-being of the household (Burchi & De Muro, 2012). We could also call this a micro-focus on Sen's theory.

The process of understanding how a food choice develops starts by identifying the valuable food choice achievements of the household members. Some of these valuable achievements can be directly related to food, such as (just) eating, eating healthy food, and eating traditional food. Other functionings related to food choice are more socially informed, such as having a harmonious family (Blake & Bisogni, 2003; Valentine, 1999). Furthermore, we will emphasise the differences between the generations in terms of what they want to achieve. The main questions we tried to answer in this chapter are as follows: What are the valuable food choice achievements of families? And, what are the valuable food choice functionings of families?

Understanding how food choices are made starts by examining what the families, the children, and the parents want to achieve when making food choices. When I talked with the children about food choices, they stated clearly that they prefer tasty food to food that does not taste good. When I talked with the parents about a food choice, I immediately sensed that this issue is much more complicated for most of them than it is for their children. However, some of the families reported making their food choices in a very straightforward manner. In this chapter, I look at how valuable achievements regarding food are distilled in a (three-generation) household. In the following sub-sections, I introduce the valuable achievements of the families, as indicated in the titles. I show how different generations (parents, or/and children, or/and grandparents) have reflected on these valuable achievements in food. Each sub-section may cover several components of a valuable achievement related to food.

7.2 Just eating [te eten hebben]

The first general observation is that the families choose their food based on a need to eat. Still, not many families consider having enough to eat to be a primary achievement in terms of their

food choice, because they have access to food through various facilities in the neighbourhood. In my conversations with the families, we did not talk about valuable achievements such as “eating” or “nutrition” because the parents or children simply did not bring it up if I did not ask. Still, during my visits to the food bank it became clear there was a group of families in the area for whom the primary valuable achievement in terms of food choice is simply getting enough to eat. The food bank is a national organisation in the Netherlands (following the example of the USA) which distributes food to families which became redundant during any of the steps in the food chain. Another goal of the food bank is trying to reduce food waste. The first food banks started in 2002. As the food banks are not subsidised by the government, they collect food items from supermarkets that are overproduced, mislabelled, or are close to or have passed the expiration date (Voedselbanken Nederland, 2014). Some food banks buy foods and some ask individuals or organised groups to make food donations. The people who receive food assistance from the food bank go to the bank once a week, generally to the facility closest to their house. The people who receive food assistance are enrolled to the food bank based on the following criteria: the money remaining for variable expenses after having paid fixed expenses (i.e., house rent) is 180 euros for one adult, plus 60 euros for each additional adult and 50 euros for each additional child in the household (Voedselbanken Nederland, 2014).

Yanna is one of the people who uses the food bank. She described how her food choices are now mainly focused on the achievement of getting enough food for her family to eat:

Yanna (mother): We now live in a society in which you can get and buy almost everything and then you go to the food bank and there I realised: I am not the only one who has a difficult time feeding my family. My focus is on eating, something that was never such a specific goal. More and more families have the same difficulties. But at first you think you are the only one.

Eating as a primary valuable achievement is also reflected in observations I did at the food bank, where I saw how people collect the items they need for their meals for the week.

When the doors open, large numbers of people come in and they are referred to a table where a volunteer checks their name and the register, which indicates the size of the food package they are allowed to collect based on the number of people (for one person or more) in their household. The volunteers at the tables then know how many products they can give to these people.

The people walk past the tables. At each table there is a volunteer who is responsible for a certain type of product (bread, vegetables, fruits, snacks, etc.). They positioned me at the table with vegetables (this week, cabbage and kale), and I saw many different people walk by. Some were up for a chat, while others just got their products and left. Most of the people came alone, but others were there with their parents or their children. One passed the tables in a suit; others in jeans and sweaters. As a new face, my presence evoked different reactions. Some people explicitly asked who I was, while others walked passed me because I was an unfamiliar face, and talked to the volunteer next to me.

The situation intrigued me. When people pass by, you realise this is one of their experiences of getting groceries. It is different, but for increasing numbers of children and parents this is a

weekly reality.

The following story of Bert and Melissa illustrates how people who use the food bank portray their valuable achievements in food choice differently depending on the context. During my first shift at the food bank, I saw Bert, the father of one of the children whom I got to know pretty well. When I talked to Bert in the activity centre he explained that they always have the same food pattern; i.e., they eat a “normal” diet on weekdays and are less rigid about what they eat at the weekend. He indicated it is difficult to really talk about what he wants to achieve in terms of food choice. I heard this comment more often from the parents than the children. Being able to characterise a food choice as normal is therefore considered a valuable achievement. But at the food bank I realised that Bert’s choice of food at the weekend and on weekdays was also based on very different achievements. From my field diary:

When I saw Bert, the father of Melissa, at the food bank, I realised the family also had a rough time financially. This explains why Melissa could not pay for the cooking club, and I realised that his food choice, although probably related to the pattern he explained to me before, was primarily based on the food package he was provided with here.

This shows that within the physical environment of the food bank, people could acknowledge that their primary achievement in food choice for their family was *eating*. In contexts outside of the food bank the same people talked about other valuable achievements in food choice. Most of the people who were using the food bank were hesitant to speak about this primary achievement when discussing their food achievements, and would tell me about other valuable achievements related to food choice first, such as *eating normal food* or *eating healthy food*, which we outline later in this chapter. At a later stage in the fieldwork I discussed this situation briefly with Bert, and he realised he could talk to me about his considerations regarding food choice. He explained that he sees himself as having multiple achievements in food choice, such as *eating* and *healthy eating*.

In the food bank the volunteers reported that different generations of a single family sometimes came to the food bank, often together. The volunteers explained that in some families several generations have been unable to change their situation, and thus go to the food bank together as a family to realise their primary achievement; namely, to eat.

This paragraph illustrates that some families consider one valuable achievement (eating) before they are able to consider other valuable achievements regarding food. Eating as a valuable achievement has often been discussed in the literature because it implies that a person is exercising choice (Garnham, 1999). Because not eating (starvation) is the absence of the functioning of eating, it has been considered in this chapter as a valuable achievement of the families. When people are provided with food, and are thus certain that they have something to eat, they can then think about what they would like to achieve in terms of food choice in order to improve their well-being (Binder, 2009; Garnham, 1999). These are steps that slowly move away

from the level of basic achievement, and thus shed more light on how families think about the role of food in their lives.

7.3 Function of food [de functie van eten]

The first step in moving away from just eating is the function of food for the family: What does food mean in the families? This question refers to the importance and the role families assign to food. When we asked the families what they want to achieve with their food choice, they cited several functions of food that we will discuss in this sub-section. I soon discovered that when I discussed the function of food with the families, they often said that this is not a straightforward topic. While the role of food was quite clear to the children, some of the parents seemed to struggle with the questions of what food means to them and their family, and how they perceive their choices. We therefore often discussed what they consider to be the most important aspect of food. Through this process, they were able to talk about the value and the role of food. In many families the parents and the grandparents appeared to have similar values and goals regarding food choice, but the grandparents indicated that their children and grandchildren have a wider variety of product choices and have a different understanding of food than they do, and are thus able to realise a wider variety of valuable achievements in terms of food choice:

Anna (grandmother): *Both my daughters-in-law cook very differently than I do, but their goals are the same as mine: to cook for the family in the way that pleases them. [...] But they have a different perspective and the supermarkets have changed their products.*

7.3.1 Eating for survival and physical growth [eten moet je]

The most straightforward use of food mentioned by the parents and the children was that food is needed to survive and grow. The children in particular often talked about needing to eat to survive and to grow bigger.

Brian (child): *Well, at night you definitely have to eat a lot and also drink a lot, because you do not eat at night. You need to eat everything so you don't get hungry at night.*

Brian's mother, who is divorced, told me that Brian is told to eat his food so he grows, and that she and her ex-husband want to raise strong and robust children. Marie and Lilian share this view on food.

Marie (mother): *I tell them they need food to grow [je moet toch et'n om te groeien]. To be strong and not get sick.*

Lilian (mother): *I think food is something your body needs, something needs to enter the body. I never tell them explicitly [the children], but it is important to eat something.*

The family members indicated that they seldom talk with each other about the reasons why they eat food, but instead assume that growth and survival are the common denominators for why people eat and choose food. However, while the parents often cited growth and survival

as reasons for eating food with reference to their children, they rarely did so with reference to themselves. Their achievements in terms of food choice were mainly related to their goals for their children, while the effects of certain food choices on their own well-being were often pushed to the background. Other studies have found that it is not uncommon for the adults and the children in a household to have separate goals (Blake & Bisogni, 2003; Treiman et al., 1996). We will return to this point in the remainder of this chapter.

7.3.2 Eating ordinary food [*gewoon eten*]

Later in these discussions it became clear that most parents felt it was difficult to move away from the functionality of “just eating”. Many families were surprised when I asked about the importance of food, because they said they believe that food should *just be* nice and tasty; they described these kinds of food as *ordinary food*. We discussed the meanings of *ordinary*, *tasty* food in our conversations about food choice. As described below, the definition of ordinary food differs between generations.

Children – eating tasty food (just because) [lekker eten]

The children defined their ordinary food choices as the tasty food they were offered or had chosen themselves. The children reported that they value food that is nice and tasty, and that they do not attach many other meanings to their food. Taste was their primary consideration when choosing food. When the children who took photos before the interviews were asked to select the most important photo, they often chose the photo of the food they like. For example: Michael (child): *[this is the most important photo] because I like the food that is in the photo.*

During the cooking clubs we also often discussed the importance of tasty food:

I: *Why would you choose that and not something else?*

Child: *Because I like it, I will eat it all.*

The children often defined tasty food as *food without vegetables*, and indicated that they like fast foods, such as pizza, pancakes, and French fries. But many children also said they think potatoes and meat are tasty. The parents confirmed that their children eat only or primarily food they like.

Parents - Just eating food [gewoon eten]

In follow-up discussions with the parents, they indicated that they have a preference for “ordinary food”, or food that they tend to *like* and that is *familiar* to them. Several of the families said they regard food choice as a generally unconscious process; thus, for them food choice appears to be closely related to the primary achievement of *eating*. The families who said that food choice is not a primary concern for them in terms of the well-being of the household members often emphasised that food should simply be nice and tasty. Judith explained: *The food is not all that special. We just eat and I think, when it is tasty, it is good, haha.* Yanna made a similar comment: *Just, tasty food! [Gewoon, lekker et’n!]*

From my field diary:

11 December: *This mother as well indicated that she does not think about food that much; it was just something they did, something that never changed. Although both parents are overweight and the father is diabetic, nothing changed in their food pattern.*

At a dinner with some parents and children at one of the cooking clubs, I observed: *We all sit down at the tables and I talk with Wobbe and Janka about their joint interest in boats. While the food is being served the main focus of the discussion among the parents and the children at the table is whether they know the ingredients and whether they think the ingredients are edible. I see that the parents eat the food they know. The food itself is hardly discussed among the families. No one asks the children what they have prepared.*

My impression was that the parents as well as the children at the dinner had a focused perspective on food choices: i.e., that the primary issues were whether the food tasted good, was safe, and was familiar. When I asked them why familiarity is so important to them, they talked about their views on life. In a conversation with Wobbe, he explained: *We are quite simple people, we eat food because we like it or need it, and actually that is how I choose most things for the family.*

The parents appear to associate the achievement of eating food that is tasty and facilitates growth with a desire for simplicity. This choice informs their life choices, and is rooted in their attitudes towards life. Wobbe and the other adults often referred to their history and culture, which emphasises taking a straightforward and practical approach to life. We will discuss these norms in more detail in chapter 8.

Grandparents – eating functional food [functioneel eten]

The grandparents also spoke about their food choice as a functional choice. They often related their satisfaction with functional food to their own childhood, and to the time when they were bringing up their own children. They noted that in the past the amounts and the variety of foods available were limited, and that the methods of preparation were uniform. Most of the grandparents said they continue to follow this food pattern in their daily life, and characterised the food they eat as functional food that fulfils their primary value in food choice. They talked less often about tasty food, but evinced more satisfaction with a “good meal”, often consisting of potatoes, vegetables, and meat.

Roelfien (grandmother): *When I was a mother, everything was scarce, you know. They should try that again now. Just potatoes and some meat. Now I see my children eat more excessively.*

All three generations of the families expressed the idea that food should do what it is “supposed to do”: i.e., *facilitate growth and fulfill a primary need*. We will highlight more definitions of functional and normal food in the next sub-section.

7.3.3 Eating what you know and are familiar with [*eten wat je kent*]

A fundamental part of the research were discussions with the families about how they define “normal” food or “just food”. The outcome of what the families define as normal food is partly represented in the dietary patterns described in chapter 6, but the families also talked about their understanding of normal food in the interviews and the field conversations. The daughter, the mother, and the grandmother of the de Groot family gave, all independently, almost the same definition of normal food:

Chantal (child): *Other than that we eat the normal dishes, such as stamppot boerenkool. That is what we normally eat here [in this region].*

Judith (mother): *[And why do you eat stamppot boerenkool at least once a week?] I don't know. All four of us enjoy that dish and we always did. It suits us and the environment. And then you stick to it.*

Anna (grandmother): *Here [in this region] you eat more potatoes and vegetables and more to the south they eat more pastas, those kind of things. The country people here generally like potatoes and mashed potato dishes more.*

Through this description of the contrast between “the north” of the Netherlands and other regions in the Netherlands, the families indicated that they are following a valuable food pattern that differs from those of families in other parts of the Netherlands, and that they are proud of their adherence to local food habits. Throughout the discussions, the families claimed that their region is “more traditional” than other parts of the Netherlands. The families emphasised that they feel more comfortable with these products than with other, more modern, products, and describe eating traditional foods as a meaningful achievement for their food pattern.

Judith: *Yes, we still eat Met [traditional meat], which is originally from Groningen. The children also enjoy that dish a lot. We also eat the bean soup Benno [father] makes; that is also a traditional Groninger product. But that is something you just eat.*

The families observed that while they continue to use the traditional products, such as potatoes, meat, and some vegetables; they sometimes prepare them in a new or easier way. But the families were less likely to report that they use imported, non-traditional products. The parents often said that they use the non-traditional products to satisfy the preferences of their children, but that in everyday cooking they tend to prepare potatoes and meat.

Ellen: *We just eat how we eat; we do not generally consider other or new things. You can say a lot about food, but you never genuinely know what is good and what is not good. So we just stick to what we do.*

Some of the families explained that eating traditional products or dishes is part of their valued food choice (functioning), both because they want to continue these traditions in the family, and

because the dishes are easy to prepare. Making the same meals as the other families in their community was also described as convenient. The words “home”, “mashing”, and “ordinary” were frequently used in the description of a valuable achievement in a food pattern.

Wobbe: *I like to eat as I do at home [net zo et’n als thuus] everywhere I go. That is why I do not like restaurants, you cannot do as you do at home and just mash your food together.*

Gea: *Just every day a meatball, with gravy. And when Eltjo can mash our food, then it is all right...*

Most of the families distinguished the traditional food products from the “current/new products”. The adults broke these new products down into two groups: *foreign products*, such as pasta and rice, which their families usually do not eat; and the so-called 3 P’s: *pizza, French fries, and pancakes* [In Dutch: *pizza, patat en pannenkoeken*], which they introduced into their regular food patterns. These modern products are appreciated by the children for their taste, and by the adults for their preparation time.

From a conversation with a group of children:

I: *What would you say are tasty foods?*

Piet: *Pizza.*

Daan: *French fries and frikandel and frikandel and frikandel!*

Sofie: *Meat with mayonnaise.*

Jannes: *Italian pizza.*

Marijke: *Fried fish!*

Wesley: *I always ask my mom: “Can you make it without the vegetables? Now it is not tasty!”*

Several children respond: *Me too!*

The children are used to the traditional products and patterns, but the comments above show that they are also very satisfied with the introduction of newer products into the traditional patterns of the families. Marieke explained why she enjoys the traditional patterns, but supplemented with more modern products:

I think it is convenient that I can eat French fries on certain days. Then I know that on those days I do not have to eat vegetables at my grandmother’s place. [Could you explain that to me?] Well, when I eat vegetables at my grandmother’s I eat them for no reason, because I get a hot meal in the evening with my parents, the French fries.

A mother concluded: *Just as we have Friday as French fries day, we used to have Saturday as legumes day [peulvruchtendag]. These are always special days.*

These comments reveal that the families value certain patterns influenced by cultural practices, and that following these patterns is important for their well-being. Sticking to these food patterns reinforces family traditions, which most of the family members associate with good memories. In general, cultural practices are often connected with valuable components of people’s

achievements in life, and, ultimately, their well-being (Binder, 2009). Binder (2009) distinguished between values in different groups. Whereas one group may consider eating potatoes every day an important component of their values, another group may consider another food pattern to be essential.

7.3.4 Eating healthy food [*gezond eten*]

Healthy food automatically became a topic in this study of food choice. When discussions moved away from the basic need to eat, thus from a focus on the function of food, the families talked about whether they wanted to achieve a healthy food choice. I noticed that because the focus of these discussions tended to be on the food that everyone enjoys and is familiar with, not all of the families took into account whether their food is healthy.

But some of the families said they prioritise healthy eating above other valuable achievements related to food. Some of these families even said they only eat foods that are healthy. The parents acknowledged that feeding children healthy food contributes to their physical well-being.

From the mothers' group: *"And then my daughter asked: 'Mommy, why do we have these small pieces with the potatoes?' And then I said: 'Well those are vegetables and they are healthy. That's why mommy puts them in with the potatoes'. She responded: 'But I do not like those, can't you make it without them?' I said: 'No, those are vegetables, you will grow big and healthy when you eat those'."*

Consuming healthy food also gave the mothers a sense of fulfilment. Linda even described healthy eating as a "way of life", but she is an exception among the families I spoke to in depth: *Linda: To me it [eating healthy] also says something about who I am, I do not think about it anymore. I know that when I was married to my ex-husband, he really enjoyed eating meat. Now I eat less meat, partly because I do not have the money to buy it, but I feel a lot better not eating meat. I notice my body responds; it is a good choice.*

The mothers were more likely to say that they are the one in their family who chooses healthy food as a valuable achievement for themselves and the family, while the fathers were more likely than the mothers to describe food as a necessity, and to say they cared little about the healthiness of food. The fathers generally reported that they eat what they like and what they are familiar with.

Tammo: There are quite a few things I do not eat, Agina knows that. I did not eat them when I was young and I still do not eat them. Of us two, I eat the white bread together with the children, and I do not like sprouts.

There appear to be many similarities between the fathers and the children in terms of their food achievements. Both groups said they prefer food that is tasty, and prioritise the healthiness of food less often.

Ricardo (child): I think my mom does pay attention, that she thinks we should eat fruit and

vegetables. But I don't like it.

In their study on food transitions in adulthood, Hartmann, Dohle, & Siegrist (2014) found that the transition to parenthood leads women to focus more on vegetable consumption, but does not lead men to make significant changes in their consumption patterns. We also observed in our families that the fathers and the children have similar values regarding food: i.e., they focus more on taste and other functions of food, and less on whether food is healthy. Most of the mothers acknowledged that they prefer healthy food to unhealthy food, and that they would like to transfer their knowledge to their children, because it is the “right thing to do”. However, they admitted that prioritising healthy eating is more difficult in practice. Every family who specified that healthy food is an important food choice consideration also admitted there are times when they eat unhealthy foods.

Francisca: *You want to teach them [the children], that they should eat three proper meals a day, that that is healthy, but well, it doesn't happen every day.*

7

Lilian: *But I am no saint myself, I also slip into unhealthy habits quite easily and eat some French fries, but I do think healthy eating is important.*

In general, most of the families in the research environment said they are willing to eat healthy food, but choose not to follow a healthy eating pattern because they prioritise other valuable achievements regarding food, such as eating food that promotes growth, tastes good, or is in line with tradition.

The grandparents highlighted a significant point regarding healthy food choices that many of the mothers also made, albeit more implicitly. The grandparents said they associate choosing healthy food with the well-being of the children, and reported that after their children had grown up and left the house, the adults tended to eat less healthy foods. Similarly, the divorced parents indicated that they eat less healthy food when their children are not around (are with their ex-spouse).

Bianca: *To me, that is a treat, when the children are with my ex-husband. They eat all kinds of unhealthy things there and I also treat myself to what I like, such as bami. When the children are with me, I eat what they like and also try to prepare something healthy.*

This shows that choosing healthy food is primarily important at the family level, and less at the individual level. Most of the adults said they perceive healthy eating to be a valuable achievement [in Dutch: *waardevol streven*] for their family mainly to the extent that it benefits the children.

7.3.5 Eating organic food [*biologisch eten*]

In chapter 5 we described that in recent years people who do not originate in the region have moved into the research area. Most of these families come from other parts of the country to

find another way of life in the countryside. Generally, these families have more resources than the original population of the research area, and are perceived as being more wealthy by the families I researched in depth. Because they are part of the research environment, these families also shared their perspectives on food choice. These families were more likely than the other families to say they value organic food. These parents were also more likely to say that the food choice process contributes explicitly to their overall well-being. The majority of the families in the region did not portray that they see eating organic food as an important food choice value, but instead dismissed organic food products or food patterns as unfamiliar or out of their reach.

I: *Are there any ideals that influence your food choice?*

Ellen: *What do you mean?*

I: *For example, eating organic or vegetarian?*

Ellen: *Haha, no! You do not see that around here, only some of the families with some extra money do that. You see them at the market with their homegrown food.*

In my observations of and conversations with the families who said they choose organic food, they showed me why they believe eating organic food is important to their well-being. During my research period, I was invited to eat dinner with several families, two of whom said they eat only organic food. These were also two of the richer families in the research area.

From my field diary:

After the interview I cycled to Midwolda, where I had a dinner appointment with Mirjam and Joost. She invited me to have dinner with her and her partner in their cosy home right on the Blauwe Meer. We ate rice with lentils, beetroot, and pumpkin. All organic, a food choice of more of the richer families in this environment. She told me all about the origin of these foods, and how they have been feeling so much better since they started eating only organic food. They dislike the artificial flavouring of the products from the supermarkets. Having gained new insights into the bicycle shop and its services in Midwolda, groceries in the city [Winschoten], and improvisational dancing, I cycled home after dinner.

One of the fathers I talked to regularly told me about his family's decision to eat only organic food:

Dennis: *What we [parents] think is important is that everything is as pure as possible. And we are talking about more than just food. I think that everything that you put into your body is—how should I say this.... If you put bad stuff in there you will get sick. So we always pay attention to E-numbers, we eat almost E-less and organic. [...] I think when they [his children] eat bad food they hear a little voice saying...haha. You know what, there will be a time when they think about this a little more than they do now and attach more value to it. [...] They try everything, there is nothing they do not like, they have taste. Other children here do not have that, they live on toasted bread, French fries, and frikandellen [minced meat hot dog, Dutch snack]. We have taught our children about other things.*

In choosing organic food as a valuable achievement in terms of food choice, these families perceive that their food choices are optimal healthy choices. They thus perceive organic foods to be the best possible food products and food choices in terms of the functionalities of food.

In this sub-section I showed that most of the families stay close to the basic need to eat. The functionalities the parents and the children mentioned supported their view of food: namely, that eating is a daily recurring event, and that food should be tasty and familiar. Some of the families take this perspective a step further and consider it very important to eat healthy (instead of or compared to *just food* or *unhealthy food*) or organic food.

Soon I discovered that the families thought about valuable achievements in terms of food choice that go beyond the importance or the meaning of food itself. In addition to considering nutrition, growth, and health, the mothers and the grandparents in particular mentioned associating very different achievements with food choice. Previous research has shown that in food choice situations many valued interests are at stake (Valentine, 1999). The parents and the grandparents showed how complex a household's choices are in relation to their social goals.

7.4 Having a/being a harmonious/peaceful family [*lekker rustig aan tafel*]

With many of the mothers I talked about how their children behave at the dinner table. These conversations often led to the conclusion they just want their children to be quiet at the dinner table; i.e., that they want to have a harmonious, quiet family life so that they, as parents, can get some rest. In the mothers' groups we discussed this topic very regularly:

Ina: You know, I often cook potatoes and give them some ketchup and then it is quiet, we can all eat. What we also do is let the children eat first and we eat afterwards. Anita confirmed she is also happiest when the children eat their food quietly: *My daughter always eats the potatoes and my son eats the meat; they are happy and I am happy, because we do not have to fuss about things.*

The parents showed me that having a peaceful and harmonious family life influences their well-being, and thus also affects the choices they make in the supermarket. When I talked to Marie, she said: *Because I do not feel like, actually never feel like, having the kids nag me about the food, I adjust the things I buy to what they want.*

The evening meal in particular appears to be dependent on the wishes of the children. I observed that the children are allowed to make choices independently during breakfast and lunch, as they could choose their own sandwich filling or prepare something else themselves; but that during dinner the food choices of the parents and the children are interdependent. The children are dependent on what (often) the mother prepares, and the parents are dependent on the children's reaction to the food. Therefore, the parents often referred to dinner when we talked about the social value of having a harmonious, quiet family at meal times. Dorien explained that

because her children take the lid off of the pan when she is cooking and react to the contents, she chooses foods that keep the family quiet and peaceful. Dorien: *They always take the lid off the pan when they come home from school or from a friend's house, and sometimes, you know: This is not good! [...] I have had enough of it! I cook what they like!*

Most of the mothers said they have had experiences similar to Dorien's. As has been shown in other studies (Pettigrew & Pescud, 2013; Devine et al., 2006), I found that mothers try to create a harmonious environment in which the preferences of their children are prioritised, and that these preferences guide their food choices. According to the mothers, the mother of the family often makes the greatest concessions in terms of food choice. But some of the children also said they have to make some concessions in their valuable achievements in terms of food choice for the sake of harmony in the family. Marieke explained that she is sometimes quiet to support her mother at dinner time: *I know she is angry at us, sometimes, when we say all kinds of things about what she cooked. So sometimes I just don't say anything and try to eat the food.*

When we talked about harmony in the family as a valuable achievement, the parents often emphasised that seeking harmony is not the same as spoiling the children, but is instead a more general attitude they have about making life choices: i.e., that they did not want their choices to be overly complicated or difficult. The parents often described themselves as down to earth [In Dutch: *nuchter*]. Thus, their main goal in giving the children what they want appears to be to avoid having to engage in complex negotiations about food.

7.5 Well-being of the child (being/having a happy child) [*als hij/zij maar gelukkig is*]

During the conversations I had with the parents, they often indicated that seeking harmony plays an important role in the family, because it is beneficial for the whole family. At the same time, the parents also talked about the individual well-being of the child. While some of the parents and the grandparents said they try to 'please' (in their own words) the child out of consideration for the family and to prevent trouble, they also said they believe that pleasing the child is beneficial for the child himself or herself. When we discussed the valuable achievement of a child being happy with a food choice, the parents explained they define a happy child as a child who enjoys his or her food and meals, and appears to be satisfied in general.

To ensure that the child is pleased with a food choice and feels good, the grandparents and the parents serve the food the child likes. The grandparents in particular are allowed to spoil or please the children. In the following sub-sections, the family members discuss what factors they think contribute to the well-being of their children in relation to food, and how they take these factors into consideration in making their food choices.

7.5.1 Pleasing/caring [*pleasen, zorgen voor mijn (klein)kind*]

Most of the mothers (in some cases also the fathers) and the grandparents said they consider

themselves being able to please their (grand)child, and thus to contribute to the child's feelings of well-being, as an important achievement in terms of food choice.

Janka explains: *Sometimes I see them so happy with their food, and at other times they look so sad when they eat their food. Then I just want to see them happy and do not force them to eat something they don't like. I would rather make something that makes them happy, and makes me happy as well.*

The families often reported that, even more so than the mothers, the grandparents tend to want to please the children. Interestingly, the grandparents said they see this spoiling of or caring for their grandchildren as supported in the cultural context, as it is more generally accepted for the grandparents than for the parents to indulge the children. The children indicated they like to be spoiled by their grandparents, and that they expect special treatment when they eat at their grandparents' place.

Bouke: *At my grandmother's I get an egg on Tuesdays. Earlier I always got French fries, but I decided I wanted something else. I said: "I want an egg". You get used to the French fries and then they are not that special anymore. Especially at grandmother's house it is important to eat something special.*

The grandmothers said their food choices are guided by the wish to promote their grandchildren's well-being. The transition from being a parent to being a grandparent places the grandparents in a special position in which they do not have the full responsibility for the children in the family. The grandmothers were very explicit about their role.

Rita: *To spoil the grandchildren, that is why you are their grandparent.*

Anna: *With the grandchildren, I am a lot easier with food. They get what they want. But I know their mother does the same thing, she also chooses things to make them happy. I was not like that as a mother, as a mother you should focus on other things.*

Anna's comment indicates that she believes that she should be the one who pampers the children, and not their mother. Here we see the socio-cultural influence on parental and grandparental roles in terms of (food) choices for the children. Anna might disagree with the children's mother pampering them, but continues to take her role as the indulgent grandmother seriously.

7.5.2 Being together [*samenzijn, gezelligheid*]

This sub-section shows other components of the well-being of the children that are more related to the meal time setting. The parents as well as the children indicated that the meal times are a valuable contribution to their well-being. The children said that the food and meal time moments are the moments when they can share stories and feelings with their parents, because they have the full attention of their parents.

Ricardo (child): *In the evening then you do the most, the most important things are at dinner time, so most of the pictures are of that moment. The most fun thing is that we always cuddle after dinner.*

Denise (child): *And sometimes we sit here [at the dinner table] and we talk, about what we did that day. And then you can also talk about what you dreamed, I always have very weird dreams. [...] And this is the time they [parents] can talk about what the dream means.*

The children who said they do not have these moments indicate that they miss them. From my diary:

Some children told me they eat at the table on holidays, and that they enjoy these dinner moments much more than others. Children who eat at the dinner table daily notice that it is a fun moment in their day, but also mention the things they do not like at the dinner table.

A few of the mothers noted that dinner time was one of the few moments of each day they actually have time to talk to the children. Many of the children talked about themselves and their day when they were asked focused questions. Some of the mothers reported using these food moments to assess how their children are doing. Like the children, the mothers said they think it is important to give the children their full attention at these moments.

Ellen: *I think it is that moment at the dinner table that you are together. We are all busy, one has to do this, the other has to do something else; and when you eat at the table, you are all together.*

Dorien: *I want them to eat at the dining table at least a few times a week. Because when they come home from school they always say they didn't do anything and go do something else. At the dining table they share their stories.*

When I visited one of the families and had dinner with them, the children and their mother showed me how dinner time is one of the moments when they demonstrate togetherness and affection.

Linda invited me for dinner tonight. I arrived at her house around half past four, and the children were sitting on the couch watching some movies on a laptop. I sat with the children while Linda prepared the food. (I wasn't allowed to help, because I was a guest.) She only asked me to set the dinner table.

The children were surprised we were having dinner at the table, but Ricardo told me he understood, because I was a guest. Normally they do not eat at the dining table on Fridays. [...] The children told us about Ricardo's birthday party, the teachers at school, and the activities they had done in the snow that day. Ricardo was asked to prepare the dessert, because that is his specialty. He served us pudding (from a package) with a lot of whipped cream and chocolate sprinkles on top. The children said they really enjoyed the meal. Afterwards they got a cuddle from mom, and I also got a cuddle. I noticed before that the children in this family always cuddle with their mother after dinner.

These sub-sections show how the children in the family can be the focal point of choices regarding meals and meal settings. The families seek to please and care for their children by serving food. Thus, meal times can be precious moments in the lives of both the children and their caretakers.

How the caretakers realise their valuable achievements through certain food choices is discussed in the next sub-section.

7.6 Attention for the caretaker (being/having a happy caretaker) [*als ik er gelukkig van word*]

Meal preparation has a special meaning for the women (from different generations) in the study. The women are primarily responsible for the preparation of the meals. By cooking, women can please the other family members. Receiving compliments that the meals they make are tasty, well prepared, and nicely served is essential to the women's sense of achievement. Thus, when preparing meals, they consider whether they will be praised for their cooking. The women feel recognised if the father and the children say they enjoy the food. If these compliments are not forthcoming, the mothers are often disappointed.

Anja: *He eats everything and when you put in some extra effort, he always says: "It was superb" or "it's just like food from a restaurant". You take that into account when you cook food, who is at your table; you cook according to their taste, because you want to get these compliments.*

7

Agina: *I really like it when everyone eats with pleasure and says: "Oh its tastes so good!" Especially when the children say that.*

The grandparents are generally known as the people in the family who get this attention and respect, mainly from the grandchildren. They are therefore happy to take on the caretaker role.

Ellen (grandmother): *I am really happy with my role as a grandmother. They have a degree of respect for us, and I am so happy to give them all the attention they deserve.*

I: *Can you explain how that works?*

Ellen: *Well, as a grandmother I can be busy all day making them food, I have the time and I know they love my food. They seem to have more respect for their grandmother and grandfather than for their parents. They really give me all their attention, and I must say, I really enjoy it.*

All of the grandparents talked about the value of being respected as an elderly person; in this case through food and eating. The parents often emphasised that the grandparents have a role in which they get and earn respect. Thus, the valuable achievement of being a happy caretaker appears to be achieved by the grandparents more frequently than by the parents. Smith, Easton, Saylor, Wiedman, & LaBelle Sr. (2009) indicated that respect for the elderly is often culturally bound, and plays a role in the food choices and in the sense of well-being associated with certain foods among older people. The children and the adults in this study said that traditional foods, which may also include vegetables, tend to be more accepted by the children if the foods are served by their grandparents, rather than by their parents.

7.7 Behavioural confirmation (being the same as others) [*doen zoals de anderen doen*]

Behavioural confirmation (Ormel, Lindenberg, Steverink, & Verbrugge, 1999) also plays a large role in decisions regarding food products. Behavioural confirmation is one of the social needs that

affects well-being. Although all of the generations are influenced by the value of confirmation from others, the generations in this study responded in different ways. These differences were particularly visible in the households, because in the households both the children and the adults indicated that there are groups they want to belong to. The adults said they recognise this need in the behaviour of their children, whereas the children did not always show that they are aware of their need to associate with others. The parents said that behavioural confirmation plays a less important role in their food choices as a parent.

Children

The children indicated that their choice of food is dependent on the children/people they are around. The children said that at school they like to eat what the other children are eating, because they think that eating the products their peers are eating makes them part of a group.

Douwe: [says to his mother] *You said you would make me some toasted bread today, the same as Justin eats! He ate that this morning and I like that too! You promised!*

The children indicated that they like to eat what their peers eat because they think their peers normally have the same taste as they do, and that their peers know what they like better than their parents. The mothers also noticed this process in the food choices of their children.

Ellen (mother): *Let me tell you, they always pay attention to the other kids, although they won't always admit it. Because they see other kids in the break [at school] with a Twix and then they also like to have a Twix instead of the cookies I give them or the apple, which is even worse. They do not like when they are different, and neither do I.*

Children also said that when they are at a friend's house they tend to eat what the family eats; but that the more comfortable they feel, the more likely they are to tell their friend they did not want to eat something that is being served. Most of the children said it is easiest to express their opinion and to refuse to adhere to the food choices of others (their parents) in their own house. Marieke tried to explain why it is more complicated to eat at a friend's house than at home.

I: *And why do you think you eat that food at your friends' houses and not here?*

Marieke: *I don't know, I do not get it myself, but when I am with someone else, I always eat their food, they might think I am weird when I don't eat it.*

I: *And what if you don't like the food?*

Marieke: *Then they will make me a sandwich. At some friends' houses I do eat the food, when I am there for the first time, and with others I just tell them that I do not like it.*

The children said they feel upset if they have to eat something different than their peers, especially in public areas, such as at school or at the activities centre. During activities, such as the cooking club, the children also discussed their insecurities, saying they are more concerned about the confirmation of their peers than of their parents. Priscilla noted that she always eats food that is different from the food her peers eat, and that she does not always like it:

Priscilla: *Sometimes it is difficult [to only eat organic food], because I see all different kinds of food*

and then I am not allowed to eat it. When I stay at school for lunch I often have a sandwich with toppings that the other children do not know or do not like, and then they think it is crazy that I eat something like that. I do not like that, but I am not allowed to eat something else.

Parents

The parents disagreed about whether it is important to conform to the food choices of others. I met parents who said they want to adhere to the “social norm”, and who make choices with the goal of ensuring that their child does not stand out. In one of my conversations with a bus driver about food and family, he told me that his wife used to eat vegetarian food, but that after they had a daughter they changed their food habits; *because I do not want her to be special. At birthday parties and children’s parties she should just eat like all of other kids. We do that for her.*

Other parents said their child eats what is on the table [“wat de pot schaft”], but they also admitted that they respond to situations in which their child is vulnerable. These are generally situations that arise outside of the house. While these parents emphasised that “being the same as others” is not important, these kinds of statements appear to be more the expression of an attitude rather than of a true commitment to specific food choice values. In particular, the mothers said they do not want their children to be different from their peers, and that they therefore try to give them the products the other children were getting. Although in earlier conversations Francisca stated that she always sticks to her own plan and does not change a recipe for any of her children, she later told me:

Francisca: At friends’ houses they see new products, and they ask whether they can also have the chips with pepper, with this and that, blablabla, and that they also want that. I often give in.

Yet another group of the parents in the study said they are not willing to change their food choices, and that they really do not care what others say about their food choices. This group seems to be relatively large. These parents and grandparents said they make “their own” or “different” food choices that are explicitly contrary to the “norm”. This does not appear to be a problem for most of the children, as they reported being served food that they also like.

Erna: Everyone who comes here eats what’s on the table [wat de pot schaft]. No one will change that! I hate it when my own pattern has to be changed to to suit others. Maybe people think I am different, but I don’t really care.

Gea: I can decide for myself. I do not need anyone’s advice when it comes to food.

Some of the children, such as Priscilla, said the values of their parents and their own values are not always aligned, which makes them feel insecure at times.

Priscilla: My mom tells me I should not care about what others think. And my father says the same. He talks about organic food when he supervises the children at school during lunch break, but they do not get it and they think he is a little weird. I always feel a little ashamed when he does that.

These discrepancies were found more frequently in the households in which the children, the parents, and the grandparents have their own perspectives on what should be achieved in terms of food choices. The families reported that there are especially large differences in the degree to which the members seek behavioural confirmation.

Grandparents

The grandparents indicated they have reached an age at which they do not care what others think about their food choices. They are assigned a role as grandparents in which they can move quite easily towards the preferences of the people around them. They offer their grandchildren what they like (confirm them in their choices), and are prepared to do the same for their children. They are also quite firm about sticking to their own patterns.

Rika: I eat what I like and I serve the grandchildren what they like. And when my own children eat here, I serve them what they like. That is how it works when you are a little older.

7.8 Discussion - Prioritising valuable achievements/valuable functionings

The chapter showed that different generations within a single family may express different ideas about *how they value* food choices and *what* they value in their food choices. They talked about what the valuable achievements are in their food patterns.

The following figure shows how the valuable achievements in terms of food choice are balanced in the family. It is clear that “eating” is to be achieved before the other valuable achievements are considered. We started our discussion by examining the meaning and the values the families assign to food, and saw that these values tend to reflect the character and the outlook on life of these families. Many of the participants said that just eating and eating normal and familiar food are their main valuable achievements in terms of food choice, and that these values are shared by all of the family members. We observed that eating *tasty, ordinary, and familiar food* were more likely to be highlighted as significant valuables than eating healthy and organic food, although these achievements were also weighed against the social valuable achievements with regards to food. The children and the grandparents were more likely than the parents to say they focus on tasty food and familiar food achievements, while the parents (mostly the mothers) were more likely than the other family members to say they consider the healthiness of meals.

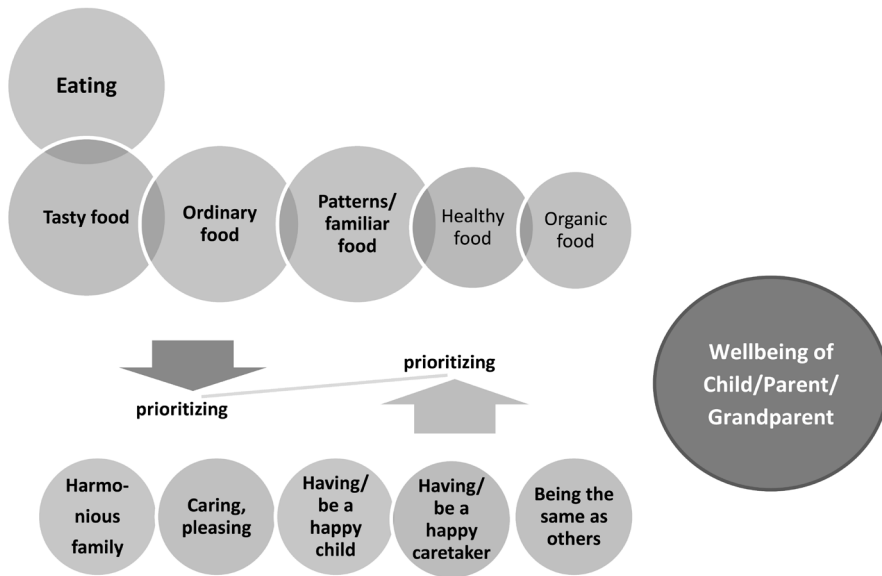


Figure 7.1 Valuable achievements for the household families

Despite the importance of nutrition for the well-being of the family members, we also observed that in family life these valuable achievements in food choice have to be balanced against the valuable achievements in the social well-being of the parents and of the children. Throughout this chapter, we showed how the families, and particularly the parents, prioritise valuable functionings. Especially in terms of healthy eating, many parents, generally the mothers, indicated they prioritise other valuable functionings over healthy eating. To please the children, and, in a sense, also themselves, they often choose food that is ordinary, tasty, or unhealthy.

Lilian: *I'd like them [the children] to eat something, but I shouldn't have to force them. Therefore, I usually make the food they like.*

Dorien: *I know it is better when they eat their breakfast, but it is such a hassle with these kids that I actually do not bother that much about them eating in the morning, as I do not want to be busy with that the entire time.*

The parents also indicated that they like to eat food that is tasty, and not always healthy. This means that they prioritise their functionings based not only on the needs and preferences of their children, but on their own needs and preferences.

Francisca: *You want to teach them that having a normal meal three times a day is healthy. But I also feel it is difficult to only eat healthy food.*

In general, the valuable achievements/functionings within the families in the research are about

enjoying food and ensuring a smooth decision-making process in the family (don't do anything too difficult). This means that families prioritise food that is tasty and that pleases the children so they can eat in a harmonious environment. Other considerations made in food functionings are:

Enjoy food vs healthy food Well-being vs healthy food Harmony vs ordinary food
Harmony vs healthy food Well-being vs ordinary food Beh.confirmation vs healthy food

In some households the food choice is a clear reciprocal relationship between the functionings of the father, the mother, and the children. For example, the family members may choose to have “just food” that is shared harmoniously; or to follow a traditional, tasty food pattern in which the focus is on keeping the children and the caretakers happy. The food choices are also dependent on the resources and the capabilities of the family members and the household as a whole. In most of the families the focus is on the functionings of one of the family members, such as those of the child or of the mother. The values in a family may, for instance, be to prepare tasty food for the children, or healthy food because eating healthily is a valuable achievement for the parents. The families explained that these values often crowd out other, more social, values in their household, such as *having a happy child*. In this chapter we also saw that the mothers can prioritise in their functionings to a much lesser extent than the grandparents, the fathers, and the children.

It is thus clear that in prioritising functionings regarding food, *having healthy food/eating healthy food* is an achievement that is often under-prioritised in the families. Devine et al. (2006) also showed that families often prioritise values related to food choice. Although adults consider eating healthy food or just eating to be important functionings, the functioning often switches focus through other functionings such as a desire to promote harmony within the family or the well-being of family members, or to seek the behavioural confirmation of others. In such cases, the parents/grandparents do not feel capable of prioritising the functionings they would like to achieve. This explains why not all valuable functionings are actual functionings. Having observed the actual food patterns in the previous chapter, we can now place these patterns in the context of the families' valuable achievements in terms of food choice. The parents explained that although they have an achieved food pattern, this pattern does not necessarily reflect their valuable achievements in terms of food choice. Sen (2008) cited the potential for such discrepancies in his approach. He noted that when the valuable achievements of people (here, of families) are observed, those achievements are indicative of more than their overall well-being, because a person can have values that he or she would like to achieve that are related not only to his or her own well-being, but also to the well-being of others. These considerations apply to the relationships we observed here between grandparents, parents, and children.

These functionings show the multidimensionality of food choice, and illustrate the intricate and (sometimes) conflicting achievements that can make up a household's food choices. Specifically, the parents may share how they prioritise valuable achievements.

7.9 Conclusion

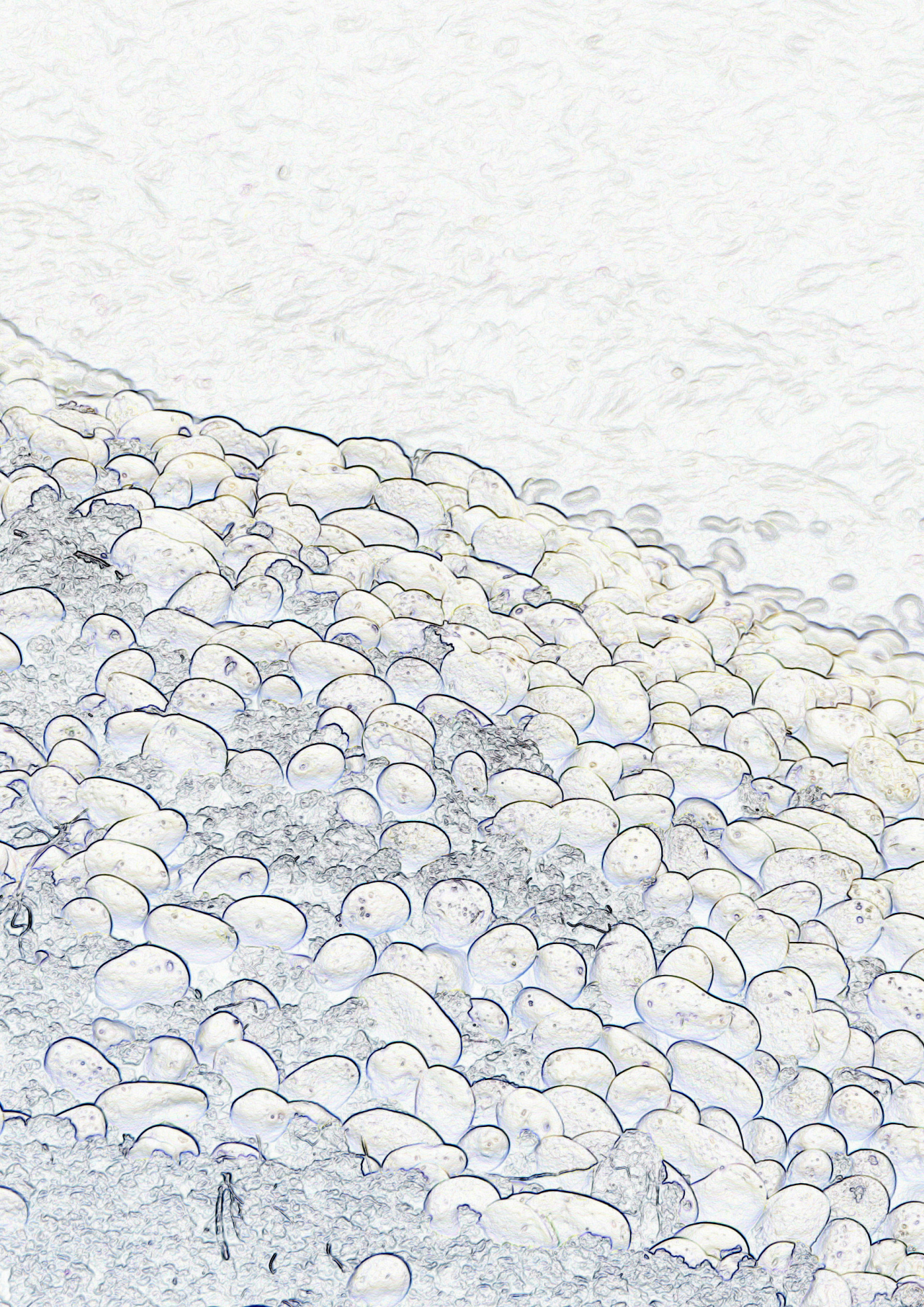
In this chapter our focus was on valuable achievements regarding food; i.e., on the “things” the grandparents, the parents, and the children want to achieve with their food choices. In the ethnography I found that the parents and the grandparents often switch between the social and the physical goals of well-being, and often prioritise social well-being goals in relation to food over physical well-being goals (health or nutrition). The children emphasised that they are concerned about eating food that is tasty and is socially comparable to the food eaten by their peers, while the parents said they are more concerned about just having food, or about following a traditional, a familiar, or a healthy food pattern. Some of the families were trying to follow an organic food pattern, but often had to combine this value with values such as having a harmonious family life or happy children. Like the parents, the grandparents said they are less concerned about achieving food choices that are in line with the food choices of others, and are more focused on following traditional food patterns, preparing tasty food for their children, and keeping their grandchildren happy. At the same time, they emphasised that being respected by their grandchildren also makes them happy caretakers.

We also showed in this chapter that choosing healthy food is not the only valuable achievement in terms of food choice. Thus, the focus of potential interventions should be not only on the healthiness of family diets, but on other dimensions of food choice values. The meanings assigned to food by all of the family members should be taken into account when seeking to understand food choices in order to acknowledge the importance of these choices, and to make these choices more multidimensional. Although functionings cannot stand on their own, this interpretative framework shows how families use their endowments and conversion factors to make their food choices. This framework does not, however, fully take into account the freedom people have to decide which path to take, or the freedom they have to achieve that which they consider to be valuable. We will discuss these considerations in the next chapter, in which we discuss people’s capabilities in relation to their food choices.

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8 / **Endowments and conversion factors**

8

8.1 Introduction

In the previous chapters we explained the achieved and the valuable functionings of the families in terms of their food choices. These are the ends the families achieved or would like to achieve in terms of their food patterns. But to understand the process of the development of people's capabilities and valuable achievements (functionings), we need to understand the contextual factors as a framework for the choices people (can) make (Robeyns, 2005). It is therefore crucial that we understand that the food choice processes of family households are the means through which they realise their valuable food choice achievements. In Sen's capability approach, these processes are called endowments and conversion factors: i.e., the goods, the services, and the other factors that play a role in the development and the achievement of capabilities and functionings. These endowments and conversion factors largely determine how well a person is in striving for certain capabilities and functionings, which we define here as the capacity to achieve (Biggeri, Ballet, & Comim, 2011). We will discuss the endowments and conversion factors in the current chapter.

While the definitions of endowments and conversion factors have been debated, the proposed definitions fall within certain set boundaries. In this chapter, we follow the description of endowments and conversion factors provided by Chiappero-Martinetti & Venkatapuram (2014) and Robeyns (2005). They stated that the personal endowments are the individual, internal 'things' available to a person to create and use capabilities (Chiappero-Martinetti & Venkatapuram, 2014). These things include biological and mental characteristics and private means (income, physical assets) (Chiappero-Martinetti & Venkatapuram, 2014). The conversion factors are the social, cultural, political, and environmental settings in which people live and behave, and which in turn affect the agency and the freedom people have. These two concepts also help define and explain the diversity among people (e.g., if the political or the cultural environments in which the households are situated provide different opportunities for men and women, these differences may influence the respective capabilities of girls, boys, men, and women) (Robeyns, 2011).

In chapter 5 we described the contextual factors in the Oldambt region from a macro perspective, based on the available statistics and literature. In this chapter, we provide a more detailed and inductive picture of the context in which the food choices of households are made based on the ethnography I conducted in the region. Following chapter 7, in which we discussed the valuable achievements in terms of the food choices of the family members, in this chapter look at how the family members' valuable food choices are influenced by contextual factors. The family members provided their views on how they perceive and use their environment in making choices. From an ethnographic perspective, the cultural schemas or ideas we describe in this chapter trickle down into all of the stories in the subsequent chapters.

The main questions we are trying to answer in this chapter are: What resources (tangible and intangible, cultural, social, environmental, and personal) are available in the community, and how are these resources perceived by the families? Do these resources affect food choice; and, if so, how?

8.2 Endowments

We start with an analysis of the endowments in order to give insights into the personal goods available to the family members, and into how the family members (can) use these goods in realising their valuable achievements in terms of food choice. A person's endowments are his or her individual and internal characteristics and personal access to goods and services that play a role in the person's capacity to realise a valuable achievement (a functioning) (Robeyns, 2005). For example, if a child or an adult wants to achieve a nutritious food choice, his or her capability to do so is made up of his or her personal resources (which are not just material); as well as the external or environmental characteristics he or she faces, such as the prevailing cultural, social, and political conditions (Chiappero-Martinetti & Venkatapuram, 2014). In family households, these individual endowments are combined into a joint food decision in which all of the individual resources (e.g., the schooling of the individual family members) can contribute to the capabilities of the household (Biggeri & Karkara, 2014). In this section, I discuss the endowments of the individual households and their views on how these endowments may affect their capacity to realise their valuable achievements, and their ability to make these valuable food choices.

8.2.1 Health and genetics

One internal resource that plays a role in how food choices are made is the health of the household members. The parents, the grandparents, and the children indicated that certain physical and mental conditions could affect a household's capacity to make food choices. These conditions could, for example, affect the members' ability to access certain types of food or to shop for groceries. Table 8.1 gives an overview of the health and biology of the households I communicated with in depth.

Table 8.1: Physical and mental health conditions of family members

Name (pseudonym)	Sex	Physical illnesses	Mental illnesses	Other
Family Adema	Two males Two females	None	None	Daughter: ADHD
Family Bakker	Two females One male	None	None	None
Family Foekema	One female Two males	None	None	Youngest son: form of autism
Family De Groot	One male Two females	Father: diabetic Mother: scoliosis, rheumatism	None	Daughter: ADD
Family Havinga	Two male Two females	Father: diabetic	None	None
Family Hofman	Two females One male	None	Mother: depression Daughter: anxiety	None
Family Kloosterhuis	Two males Two females	Daughter: fruit allergy	None	Both children: ADHD Father: ADHD
Family Lukkien	Two males Two females	Son: bowel problem	None	None

Family Niewold	Three males Two females	None	Father: depression	None
Family Oosterhuis	Three males Two females	Mother: liver trans- plant	Mother: memory problems	None
Family Rubingh	Three males One female	Son: slow working thyroid gland	Mother: depression	Youngest son: Stress response syndrome
Family van der Vaart	Two males Three female	None	None	None
Family Westra	One male Two females	Both parents: di- abetic Mother: back injury	None	Daughter: adopted

Most of the households indicated that one or more of their members have a health condition. Some of the families explained that the health conditions of their family members do not have an impact on their capacity to make food choices, but most said that their family members' physical health conditions influence the types of food they choose, and how they select these products (which products, shopping for groceries); and that their family members' mental health conditions often influence the food choice process (such as decision-making processes involving other household members).

Products

The family members explained that in the selection of food products, allergies and other (physical or mental) conditions may play a role. The range of food products they can eat is thus restricted, and the food choices they value are often affected.

Denise (child): *Well, I can't eat apples. I discovered it when I was playing with Kelvin; we were jumping on the couch and then my mother gave us some apple parts. I ate them and a few minutes later Kelvin said: "Your lip looks weird!" And then my whole lip was swollen. Later my mom told me it was probably an allergic reaction. Now I also have the same allergic reaction to tomatoes, strawberries, and pears. Sometimes I think it is a pity I cannot eat fruits, but my brother thinks it is not fair that I do not have to eat fruits.*

Whereas Denise avoids eating certain fruits because of her allergy, another family indicated that the health condition of one of their members has not changed their food choices. Judith explained that her husband's diagnosis of diabetes type 2 has not greatly changed the food products her family eats, even though friends and professionals have urged them to make changes.

Judith (mother): *Despite Benno's diabetes, we did not change our food pattern. Some say we should, but we like it the way it is. [...] And when he takes his pills, it is under control.*

An example of how mental health conditions can affect the food patterns of a household is that of Agina's family, a family with two sons who have been diagnosed with ADHD. Although the diagnosis has not changed the family's food choices over a longer period, Angina, the mother, said she decided to change some things after she heard that the food colouring in some products

might intensify the behavioural problems of her sons.

Agina: A mother told me that the dyes in certain products would not be good for the boys. Stefan in particular had a bad temper at that time. He did take medication, but still had bad moments. I realised I had to look into this thing, but it is so complicated! When I finally got the hang of it, we decided to also give Wesley fewer products with dye. It does help a little, mainly Wesley.

These families had to consider whether—and, if so, how—they would let a health-related problem affect their valued food choices.

Process

The process of choosing and buying food can be affected by the physical and the mental conditions of family members. In the following, two mothers explain how their physical setbacks have played a role in their food choice processes. Yanna talked about how her condition influenced her ability to shop for groceries.

Yanna (mother): I have attrition in my back, and also some kind of scoliosis. So I have a constant pain in my back and that is hard. I also have rheumatism, so I have double the trouble.

I: How does that affect you now?

Yanna: Well, I do have to ask Chantal [daughter] to do some of the household chores. I cannot do them all. She also shops for groceries. I always give her a list of things she needs to buy and she can buy something extra as a reward for her efforts.

Another example is that of Lilian, a mother who indicated that she suffers from depression and mental illness. She described finding it very hard to make the food choices she wants to make for herself and her family:

From my field diary: Lilian (mother) tells me she spends a lot of time indoors, especially now that it is winter and she does not have a job. The situation she is in makes her depressed. She has been diagnosed with depression, so now she has some help. She does not want to sit as much and eat as much as she does now, but those behaviours stem from her depressive feelings. “I eat from the plate of my daughter and I know that is not good, but what else should I do with it? I am too tired to think of any solution.”

Previous research has shown that mental as well as physical conditions can have profound effects on people’s valued food choices and the quality of their food choices (Dachner, Ricciuto, Kirkpatrick, & Tarasuk, 2010; Tarasuk, Mitchell, McLaren, & McIntyre, 2013). Here we showed that the physical, tangible dysfunctionalities of some of the family members clearly influence what the families eat, and how they decide what to eat. In some, but not in all of the families, the internal and individual characteristics of their members appear to influence their capabilities and their efforts to achieve their valuable food choices. The individual member can affect the food choice (process) of the family household.

8.2.2 Income/money/tangible resources

In chapter 5 we described the general income levels of the population in this research area;

i.e., that the average income in the Oldambt region is lower than the average income in the Netherlands. In this chapter we give an overview of the income levels of the families in the study, and of their perceptions regarding how their income has affected their valued food choices. In table 8.2 we outline the jobs, the sorts of income, and the income levels of the families involved in the study. The families provided the information on their income levels themselves.

Table 8.2: Labour market positions and income levels of family members

Name (pseudonym)	Paid work	Social welfare	Income level (relative to national income)
Family Adema	Yes: father is carpenter	No	Low income (under 25,000 euros)
Family Bakker	Yes: Cleaning at private households	Yes	Low income (under 15,000 euros)
Family Foekema	No	Yes	Low income (under 15,000 euros)
Family De Groot	No	Yes	Low income (under 15,000 euros)
Family Havinga	No	Yes	Low income (under 15,000 euros)
Family Hofman	No	Yes	Low income (under 15,000 euros)
Family Kloosterhuis	Yes: own a shop	No	Average income (30,000 euros)
Family Lukkien	No	Yes	Low income (under 15,000 euros)
Family Niewold	Yes: father works in a restaurant (2 nights)	Yes	Low income (under 15,000 euros)
Family Oosterhuis	Yes: Father has a company	No	Average income (30,000 euros)
Family Rubingh	No	Yes	Low income (under 15,000 euros)
Family van der Vaart	Yes: father is construction worker	No	Low income (under 25,000 euros)
Family Westra	No	Yes	Low income (under 15,000 euros)

Work

Most of the families indicated that they had a low income at the time of the study. This resembles the average income level of the region (see chapter 5, (Statistics Netherlands, 2014)). Many of the families reported being dependent on social welfare benefits, ranging from social security payments to sickness benefits. Most of the mothers of these low-income families (Linda, Thea, Marie, Dorien, and Bianca) were doing voluntary work or some small cleaning jobs in other households.

Bianca (mother): *For the past few months I have been doing some work in the thrift shop.*

Unfortunately, this on voluntary basis, but it keeps me off the streets, and it is nice to be around other people. We sort the clothes that come in and have cash register duties.

In the other families one of the adults was employed, in these cases the father. This work provided income for these households, but they described their income as low. Two of the families said they consider their income to be average, and in these households both of the fathers earned their income through their own businesses. Below I share some of the families' views on work and on income in general.

During the data collection period I met a lot of families, and those I got to know better often talked about their current (financial) situation, and how they came to be in this situation. Some of the stories in my field diary were illustrative of those of the households in the research area.

From my field diary: *We talked about Leonie's financial situation this afternoon. Leonie [mother] rents a house her mother bought for her, after she got divorced. She lost a lot of money in the divorce, because they were married in community of property, and thus she lost part of her father's inheritance to her ex-husband. Her situation changed drastically, and she now lives from the money that is left from the inheritance and some private cleaning jobs. But, she tells me, next year she will have used all her own capital and then she will end up receiving social welfare benefits.*

Most of the families I spoke to said they had suffered a major financial setback such as a job loss, an illness, or a divorce; and reported having difficulties getting sufficient income from employment. The story of Ina shows she found a new partner following a divorce, but it did not improve her financial situation.

From my field diary: *In the afternoon I spoke with Ina [mother]. She lives in a house provided by the social housing office. She showed me the house and told me how she collected the furniture from family and friends. She and her two children fled from their former house in 2009 because her ex-husband abused them physically as well as mentally, and he racked up a lot of debts behind her back. She can cope with it now and she has met a new man, but she is still paying off her debts. She is very happy now, she tells me.*

As I pointed out earlier in this book, having a low socio-economic background is often associated with barriers to accessing healthy food, and can affect the food consumption of families (Caraher, Dixon, Lang, & Carr-Hill, 1998; Dachner et al., 2010; Xie, Gilliland, Li, & Rockett, 2003). But some scholars have argued that income does not *have* to play a role in the achievement of food choice (Hiza, Casavale, Guenther, & Davis, 2013). I asked the families for their views on how work and income affect their daily lives, and influences their food choices and food patterns. Most of the families said they think financial resources are the most important enabler or disabler in achieving (capabilities in) a valuable food choice.

Most of the adults indicated that the products they want to buy are too expensive, and that they therefore have to make compromises in terms of their valuable food choices. They argued that

items they perceive as being healthy, such as fruits and vegetables or “good bread” (i.e., whole wheat or dark bread) are generally expensive. The children did not report that income influences their food choice, although they said they are aware that they are dependent on the income of their parents.

Pieter (child): *On holidays we eat a bit more expensive food, we have a little more food then.*

Chantal (child): *When we do order a pizza, we always order at the 50-per cent discount pizzeria. I like those and it is better that way, for the money you know.*

Roelfien (grandmother): *The children hear what the groceries cost, in that way they know they are dependent on their parents and that they cannot afford everything they like. The kids always think anything is possible.*

These quotes indicate that the children are made aware of the role of income in their family's choices, and that this awareness likely influences their choice process. The parents described how their food choices are influenced by their income, and how they try to adjust their food pattern to the amount they are able to spend.

Dennis: (father): *We cannot afford all that stuff. Fruits and vegetables are very expensive, so we eat them less often. We do not have that money.*

While some of the parents said they think their financial situation is a barrier to achieving their valuable food choice goals, other parents indicated that they see their financial situation as less of a challenge. Although they reported having a small budget, they saw different opportunities to achieve their valuable functionings.

Linda (mother): *I am convinced you can eat in the way you like to, despite having little money. You might even spend less money on certain healthy foods than on food from McDonalds or fried stuff. I sometimes think it is due to indolence that some people think it is impossible, but that is my opinion.*

Lilian: *I look for the orange stickers in the supermarket all the time. I have to take care of my family with only little money. Those orange stickers they put on products which are close to or on the perishable date. When I am in the supermarket and I see those stickers, I know that is what we will be eating that night.*

Food pattern

The parents also spoke about how work (could) influence(s) their food choices and food patterns. Some of the parents pointed out they would not know how to take care of their children and the household if they were working. For example, Janka said:

I: *Do you work, or..?*

Janka (mother): *No, I do not work. I am at home with the children. I also would not know how*

to organise things if I were working. When would the children eat and when would I shop for groceries?

Other parents observed changes in their food patterns and choices since their work situation had changed. For example, Willemien, a mother, said that currently neither she nor her husband works. She indicated that since she became unemployed her family's food pattern had changed. Willemien (mother): *At the moment I do not have a job. Before I worked for a taxi company. Then I worked in the mornings or the afternoons and daddy had to cook, right?* [Talks to Dewi]
Dewi (child): *Yeah, now it is very different, you cook different things than daddy does!*

Jobs and the financial resources work provides influence the food choices of most of the households. Changes in the employment status of the adults in a family could affect not only the types of products they buy, but also their food patterns. The families appeared to be coping with their limited financial resources in different ways. They reported spending different amounts on food/drinks and related items, and not all of the families indicated that they are unable to achieve their valuable food choices because of financial restrictions.

8.2.3 Possessions (house, other materials)

Other assets that can support or restrict a family's ability to realise their valuable achievements are their housing or their means of transport (Booth et al., 2001; Caraher et al., 1998). Although all of the families in the study have a house and a means of transport, as shown in table 8.3; in some families the characteristics of a house could prevent them from making their valuable food choices. Still, in most families their housing and means of transport enable them to make their valuable food choices, and increase their capacity to do so.

Table 8.3: Material possessions of family members

Name (pseudonym)	House	Transport
Family Adema	Yes: row house (social housing)	Bikes and car
Family Bakker	Yes: corner house (owner-occupied house)	Bikes and car
Family Foekema	Yes: apartment (social housing)	Bikes and public transport
Family De Groot	Yes: row house (social housing)	Bikes and car
Family Havinga	Yes: row house (social housing)	Bikes and car
Family Hofman	Yes: row house (social housing)	Bikes and public transport

Family Kloosterhuis	Yes: corner house (owner-occupied housing)	Bikes and car
Family Lukkien	Yes: row house (social housing)	Bikes and car
Family Niewold	Yes: row house (social housing)	Bikes and public transport
Family Oosterhuis	Yes: Detached house (owner-occupied house)	Bikes and car
Family Rubingh	Yes: row house (social housing)	Bikes and public transport
Family van der Vaart	Yes: row house (owner-occupied house)	Bikes and car
Family Westra	Yes: corner house (social housing)	Bikes and public transport

Housing

The region where the families live generally has lower house prices than other regions of the Netherlands, and the villages are recognized by the participants for their spacious houses.

Ellen: *We moved here for the house. The house is spacious and better than the one we had in Delfzijl. The house swap was a good choice. The children have a good place here and all the facilities we need are close by.*

While most of the families did not report that their housing affects their food choices or food patterns, one of the mothers told me that her housing situation is restricting her family's food pattern achievements.

Bianca (mother) explained: *Well, I do not have much space here. In the space that should actually be the dining room, I placed my bed, so it is a bedroom now. Although I cleared out the kitchen, it is still too tight for a dining table big enough for the three of us. So we always sit on the couch. But I really would like to have a dining table with chairs around it. If we could eat together it would help us get closer.*

Means of transport

All of the families in the region said they own bikes and are able to walk or bicycle at least short distances. Not all of the families owned a car, but they could all use public transport. Almost all of the parents indicated that they have proper means of transport to shop for groceries in their preferred store, and that they do not see any hindrances in access to groceries. But several of the grandparents said that a lack of transport options prevents them from buying the products they would like to buy at the prices and in the stores they prefer.

Anna (grandmother): *We would like to move to Winschot'n, because there are more facilities, a larger variety of stores and supermarkets. You would not need the car that often. And because we*

are both a bit hesitant to drive, you are dependent on the shops in the village. And they are quite expensive and I cannot always buy what I would like to.

Roelfien explained that last year the inhabitants of Oostwold, one of the villages in the research area, lost their local supermarket, which made (older) villagers dependent on a car to buy their groceries. Because most older people are not able to drive a car, they are less able to make their own food choices.

Roelfien (grandmother): *A relatively larger number of older people live in this village [Oostwold]. And last year we lost the supermarket in this village. Because many of the older people are dependent on bikes, it would be better if they reopened it, because then they could shop for groceries themselves and choose for themselves.*

8.2.4 Access to knowledge

People need to have access to knowledge to be able to use it, and thus to have the capability to use it. Table 8.4 shows the access to sources of knowledge (school, television, internet) that were or are available to the households in the region. At the time of the study, the children were using the same knowledge facilities as their parents, and were all enrolled in primary education.

Table 8.4: Access to knowledge and information for family members

Name (pseudonym)	Access to education grandparents	Access to education parents	Access to TV grandparent	Access to TV household	Access to internet grandparent	Access to internet household
Family Adema	Grandm.: No Grandf.: No	Father: yes, vocational education Mother: yes, secondary education	Yes	Yes	Yes	Yes
Family Bakker	Grandm.: Yes, domestic school Grandf.: Yes, Military police academy	Mother: yes, secondary education	Yes	Yes	Yes	Yes
Family Foekema	n/a*	Mother: yes, secondary school		Yes		No
Family De Groot	n/a	Father: yes, secondary education Mother: yes, vocational education		Yes		Yes

Family Havinga	n/a	Father: yes, nautical college Mother: yes, vocational education		Yes		Yes
Family Hofman	n/a	Mother: yes, Domestic school		Yes		Yes
Family Kloosterhuis	Grandm.: Yes, domestic school Grandf.: No	Father: yes, secondary education Mother: yes, secondary education	Yes	Yes	Yes	Yes
Family Lukkien	n/a	Father: yes, lower technical education Mother: yes, Domestic school	Yes	Yes	No	Yes
Family Niewold	n/a	Father: yes, secondary education Mother: No		Yes		Yes
Family Oosterhuis	Grandm.: Yes, domestic school Grandf.: yes, lower technical education	Father: yes, higher vocational education Mother: yes, vocational education	Yes	Yes	Yes	Yes
Family Rubingh	Grandm.: yes, domestic school Grandf.: No	Father: yes, lower technical education Mother: yes, secondary education		Yes		Yes
Family van der Vaart	Grandm.: yes, domestic school Grandf.: yes, Lower technical education	Father: yes, vocational education Mother: yes, secondary education	Yes	Yes	No	Yes
Family Westra	n/a	Father: yes, vocational education Mother: yes, secondary education		Yes		Yes

*n/a means these grandparents were not interviewed, so there are no data

Access to knowledge – children

All children in the Netherlands have the opportunity to go to school, and are obliged to attend. All of the children I spoke to in the study had access to knowledge at their primary school. Still, the children indicated they do not feel they learn much about food and nutrition at school, at least not through a focused education programme. They reported that teachers sometimes make implicit comments about food and health. The comments of Mark shows that he does not see school and knowledge about food as closely related.

Mark (child): *[And do you ever discuss food or food choices in school?] Ehm, no, not really. The teachers always say: “Get your fruit bag and start eating your fruits” when we have a break, but most of them take cookies. So why would you call it a fruit bag?*

Mark’s comments indicate that he does not think school is connected to knowledge about food. Other children noted that food is mentioned in their educational materials, but said these lessons do not contribute to their knowledge of food. Dewi explained that she sometimes learns about food from her maths book.

Dewi (child): *[And what about school? Do you ever talk about food in class?] No, I don’t think so. Well, there were chocolate bars in the maths book a while back. We had to do numerators with chocolate bars. And we had to calculate with cakes and pizzas, but then you do not eat them yourselves.*

Pieter was one of the few children with some explicit knowledge from school. He could use this knowledge and transferred it to his mother.

Pieter (child): *But I know that apples are healthy. [How do you know?] I just know...Well, and ehm, we discussed it at school once, my teacher said you had to eat fruit to stay healthy. And then my mom also bought some fruit.*

The children were more outspoken about their access to both explicit and implicit knowledge at home. In some households, the parents explicitly discussed food and the meals they consume as a household, but most of the children said they think they are educated by watching their parents. Although the children do not use the knowledge practically, they unconsciously document the cooking methods and learn about food choices. Chantal and Priscilla indicated their parents are a source of information.

Chantal (child): *[...] When I am in the kitchen or I just pass by, I sometimes have a look and see how they cook or prepare a meal.*

Priscilla (child): *I don’t know, my mom tells me I should eat that and that it is good for me.*

Access to knowledge - adults

The parents and the grandparents mentioned having access to several sources of knowledge about food. Still, several parents said they find it difficult to point to the direct source of their

knowledge, which suggests that certain food patterns and procedures are deeply integrated into the lives of the household members. But the adults and the children all said that the basis of most of their knowledge comes from their parents.

Janka (mother): [And how did you get you learn about food, what to eat?] *Ehm, well, I don't know, I guess from my parents... I guess that is the same for you?* [talks to husband]. Wobbe (father): *Yes, well, we did not talk about it much.*

The women in particular talked about their mother as a resource for answers to questions about food and cooking. They reported that their knowledge had been transferred in diverse ways, such as through cooking with their mothers or learning from the plate.

Marie (mother): *I learned everything through my mother, I prepare everything the same way as she does.*

Linda (mother): [Who taught you about food?] *Well, this would be my mom, she wasn't explicitly talking about it, but showed me on the plate. And I also learned things at school.*

All of the grandparents and some of the mothers had attended a home economics school where the pupils learned about the basics of cooking, and were also taught about nutrients. The mothers who did not attend the home economics school said they still consider the school to be a resource for learning about food. The grandparents and the parents indicated that education about food was more regulated when they were young than it is now.

Anja (grandmother): *We were correctly taught the Schijf van Vijf in those days at the home economics school. I can still use that knowledge.*

Some of the grandmothers expressed explicit concerns about the access to and the level of knowledge among children today. They said they believe the (grand)children would benefit from having more practical knowledge about food, and that food-related classes should be reintroduced in the schools.

Roelfien (grandmother): *Dietetics should be reintroduced in all primary schools. Maybe for only 10 hours a year, I don't care. Then they would have a basis on which they can build.*

Although dietetics is no longer part of the basic education programme, the parents pointed out that they now have access to new sources of information through television and the internet. Amongst others Ellen, Marie and Linda talked with me about the tv programmes they watched about cooking and their access to recipes on the internet contribute to their current knowledge. Although these programmes and websites focus more on the variety of foods than on the nutrients in food, the mothers regularly talked about these sources as providing inspiration for their cooking.

Ellen (mother): *Sometimes I feel I need a bit more variety and then I look up a recipe on the internet. Now that almost everyone has access to the internet, it is easier to exchange some recipes as well.*

Access to knowledge enabled the families in this region to enlarge their capacity and valuable achievements in terms of their food choice. As the sources of information have been changing over time, members of the older generations expressed concern about the quality of the information members of the younger generations have access to. Resources are, however, generally available, through schools and the new media. Members of all of the generations said they turn to their parents as the most direct source of information on food.

In this sub-section we discussed the role of individual endowments in developing capabilities. In line with other studies, we found that the individual family members' health, income, possessions, and access to knowledge affect the capability development of the family members. Access to knowledge and possessions in particular are perceived as enabling factors, while income and health problems tend to be seen as restricting a person's capacity to achieve and strive for a valuable food pattern. In the next sub-section we introduce the social conversion factors.

8.3 Social conversion factors

Social conversion factors (e.g., public policies, social norms, discriminatory practices, gender roles, social hierarchies, power relations) and environmental conversion factors (e.g., climate, geographical location) contribute to the conversion from characteristics of the good to individual functioning. Whereas other resource-based theories can be criticised for failing to give sufficient attention to all resources, including social and environmental resources (Pierik & Robeyns, 2007), Sen's capability's approach is sensitive to the importance of including these social and environmental circumstances as resources that guide the process of developing capabilities and functionings (Khan, 2011). If, for example, people have no access to shops, are living in a certain agricultural environment, or are living in a political or a social culture that imposes social or legal norms that exclude women from working, then it can become much more difficult or even impossible for people to create a set of circumstances to enable the functioning. Hence, knowing the goods a person owns or can use is not sufficient to know which functionings he/she can achieve. We therefore need to know much more about the person and the circumstances in which he/she is living. In their quantitative research on very young children, (Wüst & Volkert, 2012) suggested that non-economic indicators in particular—such as household type, number of children, social norms, and time spent with the children—affect the children's capabilities and functionings. We discuss these conversion factors for the family households in the following sub-section.

8.3.1 Social environment

The household composition table (table 8.5) displays information on the marital status of the parents, the number of children in the core households, the ages of the parents and the children, and the places where they live. It gives a general overview of the composition of the households and of how long they have been living in the region. These characteristics influence the family dynamics in which capabilities and valuable goals are established. The time the families have

spent in the region gives an indication of how rooted the families are in their cultural and social environments.

Table 8.5: Household composition and place of residence of the family households

Name (pseudonym)	Composition of the core household	Ages parent(s) and children	Place of residence (years)
Family Adema	Married, 2 children	Father: 36 Mother: 34 Children: 11 and 14	Finsterwolde, 16 years
Family Bakker	Divorced, 2 children	Mother: 32 Children: 6 and 8	Winschoten, 15 years
Family Foekema	Divorced, 2 children	Mother: 34 Children: 8 and 12	Winschoten, 10 years
Family De Groot	Married, 1 child	Father: 55 Mother: 50 Kind: 12	Beerta, 22 years
Family Havinga	Married, 2 children	Father: 49 Mother: 49 Children: 9 and 14	Beerta, 12 years
Family Hofman	Divorced, 2 children	Mother: 32 Children: 5 and 9	Bad Nieuweschans, 3 years
Family Kloosterhuis	Married, 2 children	Father: 41 Mother: 40 Children: 10 and 12	Finsterwolde, 19 years
Family Lukkien	Married, 2 children	Father: 34 Mother: 33 Children: 11 and 14	Finsterwolde, 24 years
Family Niewold	Married, 3 children	Father: 38 Mother: 31 Children: 11, 9 and 8	Heiligerlee, 15 years
Family Oosterhuis	Married, 3 children	Father: 54 Mother: 41 Children: 11, 13 and 15	Midwolda, 10 years
Family Rubingh	Married, 2 children	Father: 42 Mother: 40 Children: 11 and 15	Finsterwolde, 18 years
Family van der Vaart	Divorced, 2 children	Mother: 35 year Children: 9 and 11	Bad Nieuweschans, 19 years

Family Westra	Married, 1 child	Father: 46	Beerta, 23 years
		Mother: 44	
		Child: 10	

The number of children and the marital status of the parents influences the situation in which the children (and the parents) eat. Most of the children have one sibling, two of the families have three children, and two of the families have one child.

The children indicated that they think the number of siblings they have influences their food choices.

Dewi (child): *I am an only child, but my friend has one brother and one sister, and she has more choice, because her mother cooks different things for her brother, because he does not like the other kind of food.*

In four families the parents are divorced, and in three of these families the children reported having different food patterns with each parent. In chapter 5 we observed that the share of families in which the parents are divorced is higher in the region than in the Netherlands as a whole. The composition of the households gives insights into the family dynamics in which food choices are established, and in which opportunities are evaluated. Linda explained that being a divorced parent influences her capacity in terms of food choices. She noted that the differences between her approach to eating and that of her ex-husband prevented her from establishing a fixed, set pattern for her children.

Linda (mother): *Well, the problem with being divorced is that you are not there when they stay and eat with their father. I do not know what he gives them to eat. I know that when they are there they get other foods than with me, and that is sometimes confusing for them and for me.*

As the family dynamics change, children may be forced to adjust to a new situation that influences their capabilities. In some cases, their goals in terms of food choices might also change, as they have the opportunity to create a new food pattern in a different setting. Jarno and his sister had to adjust to a new situation when their parents got divorced, and again when their father started co-habiting with another woman.

Jarno (child): *When my parents had just gotten divorced we ate at my grandmother's every day, because my father was away a lot and we did not have anywhere else to go, because Janka wasn't there yet.[...] When Janka came we ate very different things, my grandmother made all the things we liked and we knew, and Janka made different things.*

Other families indicated that their family dynamics have been stable over the years, but noted that events such as the birth of a child or moving in with a partner affected their food choices or food patterns. Recent research confirms that cohabitation often changes the meal patterns of both partners, whereby men start to eat more vegetables, while women start to eat more meat (Hartmann, Dohle, & Siegrist, 2014). Most of the parents reported that moving in with

their partner had a greater impact than the births of their children. Dorian said the arrival of her children did not greatly influence her food pattern, but marrying her husband did, because he was used to eating many more traditional foods than she was.

I: And when you had children, did something change in your food habits?

Dorian (mother): *Not really. Well, the only thing Bouke really does not eat is fish and I like to eat some fish at the market. But that is it. As I told you before, I had to adjust things when I started living with Harm. He could not get used to my cooking.*

For Bianca things changed when she had her children:

Bianca (mother): *You do adjust to what they like to eat, because you want them to eat well. That is how things also changed for me.*

Although previous research shows that the transition to parenthood tends to increase vegetable consumption among women, but not among men (Hartmann et al., 2014), the parents in this study expressed a range of opinions on how the presence of children in the household has affected their valued food choices. In chapter 9 we evaluate other aspects of the role of parents in valued food choices.

8.3.2 Social/relational environment

Friends and family, and the relationships between and within these groups, generally affect the capabilities and choices of both children and adults (Cruwys, Bevelander, & Hermans, 2015; Salvy, de la Haye, Bowker, & Hermans, 2012). We made this point in our discussion of behavioural confirmation as a valuable achievement in terms of food choice. We noted that peers can, for example, influence children's valuable food achievements and the broader food patterns of adults. We therefore describe the daily topics of interest of the three generations, because the norms of the community could encourage people to choose specific foods. We now look at the perceptions of the children and their adult caretakers of the social and the cultural environment in which they live, and at how these perceptions contribute to their opportunities and capabilities.

Social environment of the children

While participating in several activities, I got to know more about what the children do in their daily lives, including about their interactions with others. Because the children all go to school, their lives mainly revolve around the people they see and meet at school, their family, and their friends in the neighbourhood.

From my field diary: *In interactions with and between the children you pick up on their daily considerations and thoughts. They often talk about their friends, family (grandparents), their classes in school, the teachers, and who has a crush on whom. Some of the children talk about more specific topics, often related to their hobbies, such as horses or soccer. Many of the conversations also revolve around fantasies, toilet humour, etc.*

Participating in hobbies and spending time with peers contribute to the choices the children make in their lives. Peer and family connections were generally described as being quite close. Most of the families lived in a single village or in neighbouring villages, and most of the children characterised these close ties as convenient and positive.

Marieke (child): *Well my grandmother lives across the street, so that's very easy. And my aunty and uncle live close by, we have the whole family here, so we're able to see each other every day if we want to.*

Ricardo (child): *I can eat with several people here who live close by. Sometimes at grandma's, sometimes with my aunty, and also at Hilda's; she is a friend of my mom.*

The closeness of social connections within the villages also influence the food patterns and food choices of the children, as they regularly eat at the houses of family and friends. The children often indicated that the environment and the meals served at their friends' houses are similar to those of their own family.

I: *And you just said you also eat at your friends' house. Are there differences between eating there and here?*

G: *No, not really, we also eat some bread, potatoes, or French fries. And sometimes they eat on the couch and sometimes they eat at the table, the same as we do.*

At school siblings and cousins are deliberately separated to enable them to learn from other children and their ideas and perceptions. The director of the primary school said: *I observe a lot of close family ties in the villages, it becomes more obvious to me with time. We deliberately said we would not place siblings in the same class, to prevent them from not talking to anyone other than their family members, and to prevent sibling rivalry in class. You will often find me at the play area during breaks or in between morning and afternoon, and the parents still ask whether the nieces or brothers cannot be in the same class. I have to refuse.*

But not all of the factors in the social environment of the children are enabling them in achieving their preferred choices. Despite having these close (family) connections, a number of the children have been negatively affected by complex relationships and financial problems in the family. Some of the children no longer had contact with one or more parents, had lost family members at a young age, or had been forced to leave home. These challenges may influence their capacity to make valued choices.

From my field diary: *While building up a relationship with the children they also open up about their sometimes troubled lives. Today one of the girls told me her story: she lived in foster care for some years because her father abused her and she had been bullied by some of her former classmates for years. For the dinner tonight she invited her social worker who helped her throughout this period. She is now living with her mother.*

This daily environment directs the valuable functionings the children choose for their life, but also the capabilities they have. The children's daily environment gives them access to communication tools (TV, internet, generally good education) and friends, but also includes disabling conversion factors, such as challenging family situations. From the children's perspectives, this also affects how they choose food and what they (can) choose.

Social environment of the parents

The parents' social environment is, logically, related to their children's social environment, but also includes other connections. With the mothers I generally discussed their relationships with people in their village or neighbourhood, their family events or family troubles. At the mothers' groups women who are lonely and struggling can come together to support each other and learn from each other's knowledge and insights. These social relationships may contribute to the women's (knowledge) resources for making informed choices about, for example, food patterns.

From my field diary: *Today in the mothers' groups we talked about challenges in raising children, such as sleeping, crying, and potty training; but also about books, sex, and men. The mothers indicated that they do most of the childrearing, together with their own mothers. The fathers do not do much to help raise the children, but they want to have a say in things. The women who are divorced said their situation is even more complicated, because they feel they still run the household.*

I talked with the mothers more often than with the fathers, but my conversations with the fathers revolved around topics such as work (including my work); the village or neighbourhood (but in more general terms than with the mothers); or their hobbies or interests.

From my field diary: *With the father I discussed his activities at his neighbour's farm. He sometimes helps some other farmers out as well. He talked very passionately about it, and I learned a lot about the prices of grain, the tasks of a farmer, etc.*

The parents said that their food choices and food patterns are influenced by the people in their close environment, including their children, other family members, and people in the village. Tammo, one of the fathers, explained that his son and their family learned about growing their own vegetables from one of their neighbours.

Tammo (father): *You see it in a village like this almost everyone has a house with a garden. We have a lot of contact with the people in the village, everyone knows everyone, so you easily step into someone's house. And Wesley really enjoys doing that, he just asks things and people do not mind helping him out; that is how he became enthusiastic about growing some of his own vegetables, because the neighbour was doing it and helped him.*

Other parents explained that the close ties give them a feeling of being acknowledged and of belonging to a group, which enabled the role of social ties in their food patterns.

Agina (mother): We know a lot of people in the village and they often come by and visit. We almost never eat with just the four of us. Grandmother, the neighbours, and friends eat with us on a regular basis.

But not all of parents had close ties or social interaction.

Bianca (mother): Since the divorce I also lost some friends, because we were connected through my ex. Sometimes I feel lonely, but luckily my parents are always there for me.

The parents who are in regular contact with friends indicated that their friends support them in their food choice or food pattern.

Lilian (mother): I enjoy that, when you eat together, you can learn from each other. I made a very nice pie the other day and my friend told me about her recipe. So next week I will try to make another pie with her recipe.

The social environment, the hobbies and interests of the adults in the villages influences their sharing of knowledge on food, the actual sharing of food and the confirmation of food behaviour. The confirmation of food behaviour can contribute to the confirmation of valued choices in a wider group than only the family household.

Social environment of grandparents

All of the grandparents I spoke to were retired, except for one couple in which the grandmother was working as a domestic cleaner and the grandfather was working as a security officer. The grandparents indicated that they are attached to the place where they live: all have strong ties with eastern Groningen, and most of them had been living in the region all their life. All of the grandparents I interviewed reported that they provide care for their grandchildren on a (almost) daily basis, enjoy living in their village, and have their own hobbies, such as cycling, taking care of the garden, or walking the dogs.

Erna (grandmother): We are now both officially retired; I am not sure if I should act differently now, but not much has changed. We both like to spend time in the village; we walk the dogs, talk to the family and neighbours, and have a good time with the grandchildren. I really enjoy the times when Marieke and the other grandchildren come here to eat and play.

The grandparents reported that they routinely share food not only with their grandchildren, but with their children or with social contacts in the village.

Anna (grandmother): We often share leftovers [prakjes] with my two sons. I especially like to give my soups and stews to my sons. In that way I can still care for them a bit [haha].

Rika, also a grandmother, shares she does not only feed her social environment, they also feed her with knowledge and actual food. She explained she often eats with her neighbours, and reflected on some of the habits she has picked up from these friends. In the interview she indicated that

she is afraid that not all of these food habits are healthy.

Rika (grandmother): *We often eat with our close neighbours, and they eat early. And then, at 9 o'clock, they put the deep fryer on the table. You also stay and eat a [bitterbal]. And I also tend to do it, but not as regularly as they do!*

But Roelfien shared that this influence can also be positive. While her health was deteriorating, her neighbours and other social contacts helped her get better. They cooked for her and helped her make better choices to control her diseases.

Roelfien (grandmother): *Well, when my husband got sick and eventually died, I ate with the family every day, for three months. And still, Agina takes care of my food, because I tend to eat very little or nothing at all and that is not possible here, in this region! You have to eat, she says.*

The social environment of the grandparents encourages them to share their knowledge of food, and supports them in making food choices themselves. The social support system within these villages supports choices that enhance the well-being of this group, and that help them to live a happy life in old age.

8.3.3 Cultural environment

The results we present in this book are the outcomes of a study done in a specific context. In every study—and certainly in a study on food—this context should be taken into account. Sharings on the social environment give us more insights into the relationship between people, their neighbourhoods, and their villages. The cultural environment explains in part how people respond to issues and changes, and gives a general impression of what influences their valuable achievements in life. These influences include perceptions regarding religion and gender, but we should also address—albeit very carefully—some of the cultural norms, attitudes, and values I encountered during my fieldwork.

Religious norms

Among the culturally determined issues that could influence food choices are religion and gender (Counihan & Van Esterik, 2008; Fieldhouse, 2013). Both issues were discussed in conversations on food, although gender naturally came into the conversation, but religion did not. Generally, neither the children nor the adults indicated that they perceive that religion influences their lives or their food choices. Some of the participants said they think religious beliefs are exaggerated or incomprehensible, although most of the families reported having festive meals or eating with extended families and friends on traditional Christian holidays.

I: *Are you religious yourself?*

Roelfien (grandmother): *No, I am not member of a church or any other religious community.*

I: *Can I conclude that it does not influence your food choice?*

Roelfien: *No, God no. That is not me, no Islamic, Jewish, kosher food for me; I think that's just not me.*

Dennis (father): *Well, there are some of those holidays... Edzard [son] had to do an assignment for school, and he chose Israel... We prepared a festive meal for that assignment, but I guess that is it.*

Most of the children emphasised that they do not see a relationship between food and religion. Because the people they know are not religious either, their networks appear to be composed of likeminded people.

Marieke (child): *I also do not know anyone who prays or something like that, so to me it is not strange to eat at somebody else's house.*

Gender roles

Other than religious influences, gender roles were more often observed and discussed. It was observed that traditional gender roles prevail in the region. Generally, the men work and the women stay home to take care of the children. In the households in which neither of the partners is working, the women often look for voluntary jobs—e.g., helping out at school or at day care—but are still in charge of the household chores. Both the fathers and the mothers described this gender role division in their household.

Harm (father): *Fathers cannot cook.*

Ellen (mother): *Well, nobody can take over the cooking or the other jobs in the household. Theo can cook, but only a very little. So only when I am not there or when I am sick, then he will cook a quick meal.*

The women as well as the men indicated that the women are generally in charge of the food-related chores. The women also said they believe they are more skilled in these tasks.

Janka (mother): *If Wobbe did the grocery shopping and the cooking, I think we would eat the same thing every night. When he shops for groceries with me, he generally wants to buy way too much.*

Although the women seem to be in charge of decisions related to the household chores, in general observations I heard many women speak about the decisions the men in the family make:

From my field diary: *The mother, who is 25 years old, is now pregnant with her fourth child, and she thinks she will definitely have a fifth. Her husband will decide, and generally they are quite impulsive. The other moms [laughing] confirmed that their husbands make a lot of the decisions in their families.*

This shows that despite claims that women are in charge of the household, implicitly the men have considerable influence in household decision-making. In chapter 9 we discuss in greater depth the roles of different family members in making food choices.

Roelfien connected the current gender roles to the current food products and patterns. She indicated that although the region is largely traditional, as women's roles in the labour market have changed, the food patterns have also changed.

Roelfien (grandmother): *I think in general women are home less often than when I was a mom. In this region it is not a big issue yet, we still have a lot of mothers who are at home, but that is a change in the whole society, I guess. In the 1950s people did not work this much. It was rare and now it is normal. But now that women's roles in the labour market have changed, the meals have also changed. People eat quick meals, including the mothers in this region, because that is what you can buy in the supermarket these days.*

The gender roles within the families could be a deciding factor in the capabilities the women and the men develop, and could influence the valuable functionalities that the families decide are important in their food choices. If a woman thinks that she has the capabilities to shop for groceries and do the cooking, and that she is better at these tasks than her husband, she will continue to use her capabilities related to food and cooking. In chapter 9 we discuss further how the family members use gender perspectives in the development of their capabilities, and specifically in the development of their agency.

Larger cultural environment

Norms and values are interwoven into the food choices families make (Counihan & Van Esterik, 2008), and into the capabilities of the families in the study. Some norms/values should be mentioned explicitly in relation to the food choices of the families, as they illustrate the characteristics of the Dutch, or maybe even the characteristics of the people in the region. The parents and the grandparents talked regularly about the *Oldambster* culture, including about how some of the characteristics of the population could influence how they perceive chances and choices, especially in terms of food and health behaviour. As an introduction, one of the participants explained how the history of the region shapes how people think and act.

A perspective on how the people in the region think

Roelfien: *Finsterwolde, Beerta, and also Winschoten are, in historical perspective, bulwarks of communists; and only three kilometres down the road, here in Oostwold, it is very Christian. These often conflicting views of society lead to rivalries between the villages. The communist villages in particular have a rich history; you have to go back in time to really understand the people here. You see, in this part of the country we always had a lot of riots, and many of these feelings are still deep-rooted. The population still strongly oppose hierarchy, which has to do with the hierarchy of farmers and workers. This is now in the past, but my husband had those strong feelings as well. It is the feeling that you are just not good enough and always get the leftovers. And in the younger generations you still feel that; maybe that's why we still have that mentality. You cannot compare their attitudes with those of the older generations, but I sense it still leaves marks on the younger generations.*

[Finsterwolde, Beerta en ook Winschoten zijn van huis uit zo communistisch als wat en het is drie kilometer verder dit dorp en dat is poepchristelijk. En je moet heel erg terug in de tijd, is mijn idee, om de mensen hier te begrijpen. Kijk uit deze hoek van het land kwamen altijd de meeste opstanden en een heleboel dingen zitten hier nog ingeworteld. En de overige bevolking, en dat heeft te maken met de hiërarchie tussen boer en arbeider, dat was ook nog heel sterk bij mijn man aanwezig. Het gevoel dat hij niet goed genoeg was en ze kregen alleen maar de restjes te eten eigenlijk. Dat is nog wel bij nieuwere generaties, misschien dat daar nog steeds een mentaliteit uit voorkomt van nu. Je kan het nu niet meer vergelijken met vroeger, maar deze generaties hebben daar natuurlijk nog wel hun stempels van. Dat denk ik wel.]

The participants regularly stated that the history of the workers and the farmers, and the turbulent past of the region (described in more detail in chapter 5), still affects their lives and their attitudes towards life. Without assuming that these attitudes apply to all families, we can distinguish ways of dealing with food that may be grounded in the cultural context. Whereas in the previous chapter we discussed the valuable achievements of the families in terms food choice, in this section we show how some of these achievements may be linked to the cultural schemas or backgrounds of the families. We can illustrate these attitudes by discussing the ideas and the norms that the participants talked about most frequently.

8

Be normal

The participants indicated they feel most comfortable in an environment in which people act “normal”, are “down to earth”, and are not “too difficult”. Some of the participants related these preferences to the region’s opposition to hierarchy, and claimed that the local people deal with these historical class differences by being as normal and as down to earth as possible.

From the field diary: *Today I was in the butcher’s store and witnessed a lively conversation. One man, Otto, was in the store and said: “I am a true Oostwolmer, a real Groninger”. Shop assistant: “How long have you lived here, Otto?” Otto: “For a very long time, I am a real Groninger. We are normal people, we say what we need to say”. Shop assistant: “Are you a Groninger, a Grunneger, or a Stadjer [inhabitants of the city Groningen]?” Otto: “Stadjers put on fancy airs; they are too fancy to my taste”.*

This general outlook is also exemplified in the local people’s food patterns and food choices, as I discussed in the chapter on functionings (valuable achievements). The mothers of the mothers’ group recognised this in their discussion about going out for dinner. Their view on dining out shows that this norm of “acting normal” might be more than just an attitude, as it appears to be embedded in their cultural schemas. Most of the mothers said they see eating out as troublesome and unnecessary, because they feel they have to adjust their habits (e.g., smaller portions in a restaurant). One of the mothers indicated that she perceives going out for dinner as a challenge.

Mother 1: Yes, well, I am not that knowledgeable about high cuisine, I just like my food and dessert. I never take an appetizer, or call something a main dish.

Mother 3: Those small “pieces of art” on your plate are complete nonsense. I just don’t like that

you don't get what you are used to. It is all very fancy and chic and you never get enough.

Aljo (father): *I just would like to eat the same as I do at home [ik wil net zo et'n als thuis]. Just with your fork, mashing it all together. You cannot do that in a restaurant. I tried it once, but I just did not feel at ease. At home you can do whatever you please.*

Don't do difficult

The families often made statements like: "That's just the way we do it" [gewoon et'n] and "We don't do difficult things when it comes to food". They claimed their own, regulated patterns are valuable components of their lives. These patterns were often related to food and food choice, but they also appear to have deeper meanings that go beyond food choice.

I: Do you have certain ideals when it comes to food?

Judith (mother): *Oh, no, I actually never thought about that...(ehm), we just eat how we think we should eat, nothing more or less.*

The idea that people should not do difficult things has acquired different meanings across the generations. The grandparents used this phrase to explain that food choices should not be a matter of family discussion: i.e., that the food should be chosen by one member of the household (most often the mother), and the other family members should eat what is on the table [eten wat de pot schaft]. Many of the parents interpreted this sentence as meaning that they should avoid being difficult when a child complains about the food. They said they listen to their children and prepare the food their children like. However, some of the parents said they force their children to eat what is on the table. Some of the cultural influences on food choice are summarised in Anna's comment below.

Anna (grandmother): *Norms? Well, when you eat vigorously [flink eten], and just, without nagging [nait soezen]. When I think about Marieke, she is a bit of a difficult eater, she is difficult around food [doet moeilijk], I believe.*

Dorien (mother): *We just avoid being too difficult. We do what the children like, and that makes for a nice meal.*

Just Patterns

In relation to the establishment of patterns in general I refer to a conversation I had with Wobbe about a housing initiative in the village in which people exchange houses. It encouraged young people to take over the houses of elderly people, and at the same time new houses for the elderly are built.

Wobbe (father): *It is hard to get people to participate in these projects. We are people from the clay, I guess I need to understand why something is good for me or at least be familiar with something before I will take part in such an initiative. And I am not easily convinced ;). I like the way I do things now and I enjoy it this way [ik vind het wel best zo].*

The participants reported that adhering to familiar patterns helps them avoid family squabbles about food choices. Chantal explained that her family continues their patterns on holiday so they do not have to adjust their food habits.

Chantal (child): *When we are camping on holiday we often take all the things we like from the supermarket here so that my mom knows we have the same things that we have here. I like that, I don't have to be afraid of eating something funny or strange.*

Linda, a mother, indicated she has become very familiar with the patterns of her friends and family, and acknowledged that those patterns are comfortable. But she also said she would not integrate them into her own food choices: *No, many people I know have those patterns and they always eat potatoes, but we don't. One of my friends eats kale [boerenkool] every Wednesday. Fine. All these set patterns you see a lot around here; people just don't want to overthink things like food, and just take it as they know it.*

The desire to protect fixed patterns, and to avoid changing to different or “more difficult” patterns, was observed outside of the households.

Jannes (father): *Another example we had in the supermarket. In the supermarket they sold both [grove en fijne] sausages. But because the [fijne] sausage was not familiar to the customers, it did not sell and was removed from stock.*

8

The participants associated these patterns with a sense of freedom: i.e., with the freedom to choose these patterns, albeit within certain boundaries. The prevailing attitudes towards change lead the families to choose familiar patterns, with traditional or “normal” products, and “decent” portions. The cultural and the social norms we discussed here have an impact on how the families approach their capabilities, just as they have an impact on the patterns they develop and their valuable achievements in terms of food choice. In chapter 9 we look more closely at the role these cultural norms play in the agency the families perceive they have in terms of their food choices.

In this sub-section we elaborated on the social conversion factors of the families. We showed that the household composition, the social ties, the social and the cultural norms, and the policies currently in place all play some role in families' capabilities and capacity to make their preferred food choices and achieve their nutritional goals. Some of these factors are helpful and enhance their capacity by, for example, helping the participants form social ties; while other factors, such as gender roles and food policies, may restrict their capacity. In the next sub-section we discuss how environmental conversion factors affect capabilities and valuable food choices.

8.3.4 Policy environment

In chapter 5 we described the political context and the (national/regional) policies designed to promote healthy lifestyles. In this sub-section we elaborate on the policies and interventions in

the region regarding food and healthy lifestyles, and look at whether people believe that these policy interventions are conversion factors that affect their food choices. Policies can encourage families to make better choices (e.g., new knowledge), but they can also impose restrictions on the transformation of resources into capabilities (e.g., restrictive rules on choosing products) (Chiappero-Martinetti, Egde, Hollywood, & McQuaid, 2015).

Municipality policies

The latest policy document, which was described in chapter 5, shows that local officials support interventions that promote healthy lifestyles and discourage unhealthy lifestyles (fruit programmes at schools, cooking lessons). Most of these prevention and intervention activities appear to be related to physical exercise rather than to eating. This observation was confirmed by one of the fathers in the study, who said he noticed that there are more sports than food interventions in his local area. During my data collection phase I also talked to a health officer of the municipality of Oldambt. In our conversation she stated that she had just started to collect information on the health-related activities in the municipality, and that she had very little information.

From my field diary: *It seemed to be a clear statement that there were only brief policy documents on health issues in the municipality of Oldambt. After the merger of the three municipalities no one really had a look at the health initiatives. There were some officers working on sports and movement, but the officer I talked to indicated that there should be a fifth officer who should focus on food (based on our conversation?). She explained that at this moment there is very little money available for health interventions, so there is little room for development. SchoolGruiten (GGD Groningen, 2015) is being implemented at a few schools, but there is little information available from the municipality about the scale and impact.*

Food policies at schools

From my conversations with officials at the municipality I gathered that the schools are mainly responsible for organising activities related to healthy lifestyles. While schools are a central focus in the health policies of the municipality, I discovered in discussions with the heads of primary schools that although the directors consider healthy food to be part of their school programme, they do not always address the issue in practice. Most of the schools organise short-term projects on food and try to implement policies regarding healthy choices, but the directors acknowledged that it is hard to have a real influence on the food choices of the children and their parents.

From my field diary: *The director of the school indicates he tried to start to implement a policy regarding healthy food in and around the school, but it just did not get off the ground. They never followed through, although they were planning to get into contact with other schools about their food policies. The director said: "The treats on birthdays, we try to keep them healthy, but it seems there are still parents who cannot read, because they still give their children candy. And there is another project called SchoolGruiten (GGD Groningen, 2015); we did apply for that programme once, but for some reason we never got any information".*

The introduction of the continuous timetable at school is another school policy that could have intervened with the food choices of families. Under the policy, the children attend school from 8 a.m. until 2 p.m. every day, instead of having a break between morning and afternoon sessions. The schools argued that this schedule would improve the concentration of the children because they would stay in school, but the parents were divided on the issue. Some of the mothers said they think it is a good option because then they would have to pick up their children from school only once a day. Others said they foresee problems with regards to their food schedule. Gea: *It is harder, because you cannot prepare a hot meal for lunch, because the kids are in school. Then you will give them a sandwich to take to school. And I like to have a hot meal for lunch, partly because it is easier to combine a bread-based meal with the activities of the children in the afternoon and at night. And we sometimes just have two hot meals. We cannot do that anymore.*

Some of the parents argued that the school should not interfere in their food patterns and food choices, because the food choices should be made by the parents, and not determined by the school system. In this response we observed a reflection of the parents' identity. It demonstrates that prevention and intervention policies could restrict the capabilities of the parents in choosing their food patterns. The mothers who responded to the initiatives had different reactions. Some of the mothers said they would rather arrange things at home, and do not believe that food issues should be addressed at school or anywhere else.

Bianca (mother): *I think it is nonsense, those food lessons, you do not have to do that at school. They have to learn about maths and writing. They eat at home and I can teach them about things here.*

Others indicated that they know their children participate in the SchoolGruiten programme (which distributes fruit at school) at their school, but said they are unsure about what it does. The parents said they think the long-term impact of these programmes is unclear, and that these programmes do not support any change.

Wobbe (father): *I think it was sometime last year the children had, how do they say that, [...] the SchoolGruiten programme at school. They said the children should not take cookies to school and the children got fruit at their school. But now everyone gives their children cookies, and when all mothers started doing it again, I also started giving the children their cookies again.*

[...] But I think it is more of the same with the programmes. At one point you heard about all kinds of programmes, but I feel it has passed and all these projects are there for a short time, and then nobody really cares anymore and they fade out [doodbloeden]. They are just not clear enough. It is different with the sports programmes, there are plenty of them and it is easy to join.

These explicit public intervention and prevention programmes are focused on encouraging the capability achievements of the target groups, but it appears that they also intervene in the opposite way, and constrain the capability development of the individuals because they are too explicit in their goals. This explicit message could discourage people from participating and therewith withdraw from capacity development. In this respect it would encourage capacity

development when it would take into account the needs and perceptions of the targeted group.

8.4 Environmental conversion factors

The environmental conversion factors have been described by Robeyns (2005) and others as the aspects of people's physical and built environment that may influence their opportunities to achieve optimal well-being and equal chances. The physical environment is defined based on aspects such as the climate and the built and natural environments. Natural resources, including natural disasters such as earthquakes, are among these factors. The built environment includes the types of and the functions of the houses, the buildings, the means of transportation and other types of infrastructure. Both aspects of the environmental conversion factors are considered in the following sub-section.

8.4.1 Physical and built environment

In the physical and built environment we frame the physical surroundings in which the food choices are made. Our focus is on a certain type of (seasonal) product common to the area, and on the general landscape architecture of the region (Booth et al., 2001; Furst, Connors, Bisogni, Sobal, & Falk, 1996).

To give an impression of what this environment looks like, figure 8.1 shows a collage of the environment. The pictures show the research environment in autumn and winter, when the crops are harvested. Potatoes and grain are of particular significance in this part of the Netherlands.



Figure 8.1. Impression of the region, physical and built environment

The participants, as outlined above, all said they feel close connections with the environment in which they live, including the physical environment.

Fokko (father): *We really enjoy ourselves here, we like that it is always quiet, but still you have something to do in the village. The children grow up safely and that is very important to us. They can cycle to school, and if something happens there is always someone who sees and knows our children.[...] The fields are part of who we are; we are used to these wide views, and I cannot think of another place where I could live.*

The physical environment also provided directions in terms of food choice. The agricultural environment of the region was mentioned by several families as being an influence on their grocery shopping and food behaviour. The farmers in the environment mainly profited from people buying the potatoes directly from their doorstep.

Ellen (mother): *Well, it is a farmers' community and we stay close to these roots. You can buy potatoes at their doorstep, and sometimes also some vegetables. It is cheap, and they say potatoes from the clay are the best ones.*

Not only do the families connect to the physical environment, in part the physical environment also defines the cultural relation between the physical environment and their food choices. As shown in the last remark potatoes grown on the clay soil are perceived by participants as typical for their physical environment, and the best potatoes a person can eat. The physical environment enables this product to grow.

8.4.2 Facilities

Other environmental factors that can play a role in access to opportunities and capabilities are access to facilities, such as supermarkets and other stores and buildings, that are part of the food choice process (Booth et al., 2001).

The central places in the research environment are the supermarkets, the market, and the cafeterias. All of the families have access to facilities, geographically speaking; and they also have access to food, although the selection of affordable facilities may be smaller for some families than for others. All of the families have access to a supermarket, to some specialised food stores such as a bakery or a butcher's, and to cafeterias. The choice of facilities is larger (in terms of number and price range) in the small city of Winschoten than in the villages, but as I noted previously almost all of the families have a means of transport that allows them to use the facilities in Winschoten. For example, Winschoten has several supermarkets and several restaurants, whereas most of the villages have only one or two.

Ellen (mother): *Yes, Winschoten is different from Finsterwolde. Finsterwolde is a village, we do not have that many shops; in Winschoten there is more to choose from, it is bigger, like a city.*

The physical access to the facilities depends on the opening hours.

From my field diary: *Today I did some observations of the openings hours of the shops in the villages. Mondays almost all shops are closed (except for the supermarket in Finsterwolde), and most shops are only open in the mornings. If they are open for the whole day, they often close*

at noon and open again at 1 o'clock. Shops are also closed on Wednesday afternoons, when the children are off school. People in the villages have to adjust their schedules to shop for groceries during the opening hours, and this shows how difficult it is to shop for groceries in the villages after working hours.

Use of facilities: Groceries

While I observed the food environment in the public space and talked to people about how they use the food environment, it was obvious there are some patterns in their daily use of facilities that are related to the places where the families live.

The families living in Winschoten make use of the facilities of this medium-sized town. They can choose between different supermarkets and other specialised stores. Unlike the people in the other villages, many of the families in Beerta use the local supermarket. This supermarket has a central place in the village, in part because it is less expensive than the other local supermarkets, and in part because it offers a kind of familiarity and a level service that is often absent in the larger supermarkets.

Ellen (mother): I often go to the c1000 in Beerta. That store is now super big and they have all I need. I can be back home in half an hour and that is nice and easy. No queues in front of the cash registers and no refill crew who get in the way; it's great!

Some of the families from Finsterwolde, Midwolda, and Drieborg travel to Winschoten to do most of their grocery shopping, and only go to the local stores if they have forgotten something when shopping at the other supermarket or if the local supermarket has a special deal.

Anna (grandmother): I do the grocery shopping in Winschoten, at the Aldi or Lidl. I do not go to the supermarket in the village often, it depends on the prices. Sometimes they have special offers and then you think: "I cannot go to Winschoten for that item, I will buy it here this time". But you cannot buy your daily groceries in the village anymore.

The families in Nieuweschans have another strategy for grocery shopping: crossing the border. These families said that they travel the short distance to Germany because they believe the prices are lower and the quality of the products is often better than in the Netherlands. Some of these families said they also purchase some products in the local supermarket in the village.

Yanna (mother): Well, we go to the supermarket in the village [...] or we get our groceries at the Lidl in Germany.

Interviewer: And why in Germany?

Yanna: Because it is generally cheaper. For vegetables the price is sometimes half what it would be here. But you do not go to Germany for only one product, we only do that when we need a lot of things. But it is convenient that we live this close to the border.

Another convenient local service that I got to know through some families in Beerta is a company that delivers frozen products to homes. The families who use this service indicated it is

convenient, as the meals only have to be defrosted.

From my field diary: *Just before I left the house of Willemien the Eismann came by, a man who drives by with his van of frozen products and complete frozen meals. Willemien bought some products from him. “This is so easy” she says to me, “just put it in the freezer and you can defrost a meal every day”.*

The owners of the specialised stores in the villages acknowledged that they have a hard time attracting more customers. The bakeries are visited by a regular customer group. The butcher in Oostwold pointed out that he has customers who come from a large area, and does not focus specifically on the villagers.

Neighbour: We do our grocery shopping at the Aldi in Scheemda. Bread we order at the bakery, Sientjo, in the village. We have been doing this for years, and I feel it is important to support to local businesses.

Special facilities

Among the facilities that I included in my study because of their relationship with food are the activity centres in the villages, the food bank, and the *Smaak van Groningen*. The activity centres, which have a central place in the villages, organise activities or meals. There are cooking clubs for the children, and on special occasions these activity centres organise meals, some with specific themes (Groninger cuisine, Christmas), and others just to bring people together. These activities are open to all people in the local area, but there are specific activities for children and adults. The cooking club is one of the activities that is accessible to children in primary school.

From my field diary: *I enter the building and come into a large space, where the cooking lessons (and other workshops) are held. The space has beautiful lights and high ceilings. In the space is a very large kitchen, with two large kitchen counters and stoves on both sides of these counters. In front of the kitchen are several long tables with chairs. The children come into the building, some in groups, others alone. There are 12 in total, five girls and seven boys, of different ages. Some are siblings. Some have been attending the cooking clubs for years, while for others it is their first time. “It just depends on the children who register”, Geeske explains.*

Melissa, one of the children, told me: *I like to cooking club a lot, although it is very busy at times. I know all the children from school, because that is where you register for the cooking club.*

Services like these help the children as well as the adults in converting and/or increasing their capacity, and in achieving valuables in terms of food choice. This is also the case for a facility such as the food bank, which is used by several families in the villages.

Food bank

The food bank is used by a significant number of families in the research area, although this facility is not accessible to all people in the region:

From my field diary: *The people who come and pick up a food package first have to register*

themselves at a counter, where some women check that they are on the list. If they are on the list, they get a card that states the size of the food package they can collect based on the number of people in the household.

Access to facilities in the area enables families to obtain food and to learn about food, and thus supports valuable food choices. In the previous sub-section we showed that although there are differences between the villages and Winschoten, everyone has a choice of facilities. The families who cannot access these facilities can use the food bank to get groceries. Extra facilities for specific groups, such as the cooking clubs, ensure that children also have access to facilities that are related to food and food choices. The type of stores, the layout of the stores, and their pricing also contribute to the opportunities the families perceive themselves to have.

8.5 Discussion

In this chapter we tried to capture the effects of endowments and conversion factors on the general perception of life choices for well-being, and, more specifically, on food choices. Although we categorised the endowments and conversion factors, they are interrelated (Lessmann & Rauschmayer, 2013). For example, the use of a facility is dependent on the transportation options and the social norms for using the facility.

The results from the field show the (internal/individual) endowments of the families in the region. All of the families have their own internal characteristics, such as their health and biological characteristics, access to material goods, knowledge, income, and (alleged) access to facilities. For both children and adults some valuable choices can be made independently of endowments and conversion factors, while other choices may depend “on the assistance and actions of others and the nature of social arrangements” (Sen, 2007, p. 9).

The process of converting resources into children’s capabilities and functionings is significantly affected by how different institutions (including schools and health services), norms, and cultural characteristics interact with personal and household characteristics (Biggeri & Karkara, 2014). In this chapter we explained how personal (household) characteristics interact with the capabilities and the functionings of children and adults.

When we looked at the personal endowments of the households we observed differences in the extent to which mental and physical problems affect food choice. People’s ability to buy the food they like is dependent on the physical conditions of family members, which often influence the food patterns of all of the members. Mental problems also influence the ability to shop for groceries or choose food. Capabilities are constrained by these factors.

Generally, material goods such as transport and housing were found to be supportive of the capacity of the family households to achieve their values in food choices, while income was found to be one of the most frequently mentioned constraining endowments in choosing food. The children as well as the adults are dependent on the income of the household members. Access to knowledge is an interesting factor in the balance of chances. All of the generations have access

to forms of communication and access to information. Although some of the grandparents *use* some of these information resources less frequently, they claimed they are *more knowledgeable* about nutrients and food choices than the younger generations. The children confirmed that they are generally not taught much about food, apart from the knowledge they gather from observing their grandparents' and parents' food patterns.

In terms of environmental factors, the participants reported that they have access to a sufficient level of facilities, although the older generation suffer from a lack of nearby facilities. The participants are closely tied to the natural and the built environment. They have access to transport and roads, nature, a city, and neighbouring villages. These factors do not constrain the individual capabilities of the participants in their food choice process. The physical environment does, partly, define the type of products people use in their food pattern and thus direct food choice.

The social and the cultural setting were explicitly mentioned as the contextual borders (conversion factors) for capability development and valuable achievements. The social environment enables families to extend their knowledge, to share costs by sharing food and to get confirmation on their food choices. However, some of the participants who are divorced indicated that their family situation and a lack of social support disables their capacity to achieve capabilities and valuable food choices.

The cultural environment enabled families in achieving opportunities, because many families are loyal to the culture (regarding food), and they find likeminded people who support their cultural schemas regarding food. The participants demonstrated that there is no inequality in the individual freedom to choose from a cultural perspective, although gender differences are still apparent in the region. This may affect agency, capabilities, knowledge, and role divisions in the household. The cultural norms and values have been described in this chapter in order to explain the participants' perceptions of the choices they have. We observed on the one hand a strong inclination towards individual freedom, and on the other a strong craving for confirmation of behaviour among the close ties. Outside of these close ties a longing for confirmation is of minor importance. We discuss these norms in relation to agency in chapter 9.

For the children, their boundaries in the development of capabilities are specifically related to their biological characteristics and their tangible resources. For the adults, their biological and material characteristics, their tangible resources, and, specifically, their social and political environment can interfere with their development of capabilities, though all of the endowments and conversion factors have to be considered from an individual as well as from a household perspective. Most of the adults indicated that the policy environment does not contribute to their capacity and opportunity building. Certain policy interventions (regarding food) appear to shape some of the capabilities of the children and their families, but some of the participants said they regard these interventions constraining their individual freedom and their personal

development.

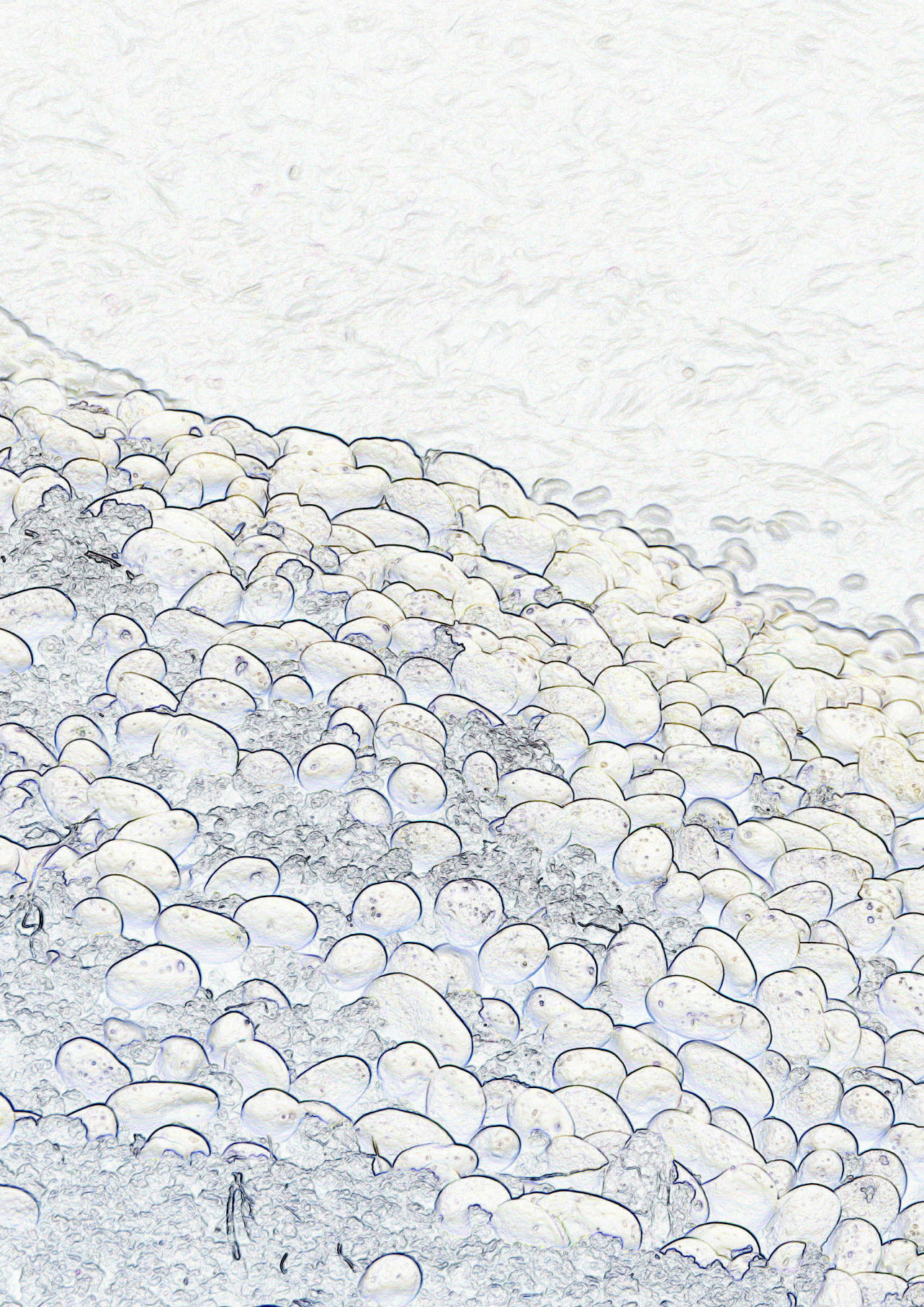
8.6 Conclusion

Overall, the results of the households in this ethnography suggest that personal resources and goods play a larger role in the capability development, while social conversion factors play a role in valuable achievements in terms of food choice. Specifically, the cultural environment, which determines the norms and beliefs in relation to food choices, clarifies the process of choice. Another point we would like to raise, based on analysis, is that we observed differences in the role of conversion factors and endowments in the *process* of food choice and the role of these in the choice for a *product*. For example physical disability could play a role in the process of food choice, while social factors would influence the choice for a product. Still, the context that determines choices, well-being, and inequalities is created by both endowments and conversion factors. The results confirmed the importance of assessing both the agency to choose and the adequacy of the available opportunities. This will also clarify the role of individual members in the family household's food choice process. We discuss these issues in the next chapter.

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9/

Capabilities – Opportunity and agency

9

9.1 Introduction

In the previous chapter, we elaborated on the endowments and conversion factors of the family households in the region of Oldambt. The families disclosed how factors such as social contacts and material goods contribute to their capacities, whereas factors such as a lack of financial resources participants perceived to restrict their capacities.

According to Biggeri, Ballet, & Comim (2011b) the capability concept includes, in addition to the capacity concept, the opportunity concept and the agency concept. In this chapter we share insights into the families' perceptions regarding opportunities and agency in terms of food choice, and the roles of different household members within the food choice process. In exploring the capability concept we analysed the following questions with the family members:

1) *How does a family member develop his/her capabilities?* The development of capabilities is reflected in the conversion factors and endowments (capacity). The resources on which capabilities are built were discussed in the previous chapter.

2) *Can a person use his/her capabilities?* The ability to use capabilities is reflected in the opportunities and the freedom a person has.

and

3) *Does the person use his/her capabilities? Or, does a person want to use his/her capabilities?* The desire to use his/her capabilities is reflected in the person's agency and freedom.

As the capability concept is viewed as a dynamic process, it is assumed that capabilities can evolve over the course of a person's life. Especially among children, the development of capabilities is a continuous process (Lansdown, 2005), whereby they develop more capabilities as they grow older and more experienced. Both for adults and children having opportunities and agency enhance their freedom and development; if people perceive themselves as having more freedom, their opportunity to be agent increases. At the same time, agency influences the need for further freedom, which may enlarge a person's role in his/her own development, and maybe also in the development of others (Chiappero-Martinetti & Venkatapuram, 2014). The capabilities pertaining to food choice of all of the generations in a family should be acknowledged. To understand how resources are distributed in the dynamics of a household, the interplay of these capabilities also need to be understood (Abel & Frohlich, 2012). In previous research it was often assumed that the parents have agency in the food choices and health behaviour of the family, and the agency of the children and the grandparents were not acknowledged (Farrow, 2014; O'Connell & Brannen, 2014). In this chapter, we analyse for all family members the reception and the use of opportunities and agency.

First, the children, the parents, and the grandparents give their insights into their opportunities, freedom, and agency both within and outside of the household environment. This is followed by an example of the use of knowledge as a capability, and its influence on agency and opportunity.

9.2 Children's capabilities

The capability approach has only recently started to be used in research on children's capabilities. For all people, and especially for children, this capability concept may be expected to evolve over time, because people grow older they discover new opportunities, and often develop new perspectives on freedom and agency. The process of *evolving capabilities* (Biggeri et al., 2011b; Lansdown, 2005) begins with a set of valuable achievements perceived by the child. In the process of evaluating these valuable achievements (or *functionings*), children (or parents or caretakers, depending on the age of the child and the specific valuable achievement) consider whether and how they are constrained or empowered by institutions, norms, cultures, or practical issues in realising their valuable achievements (functionings). Depending on a person's perception of his/her capabilities, he/she may need to create a new set of valuable achievements (Biggeri, Ballet, & Comim, 2011a).

For children, their possible achievements and capabilities may be limited by their capabilities while young. This dynamic process is influenced by continuous feedback loops until the child moves to a stage at which s/he is not as much dependent on the capabilities of his/her parents. The person's valuable achievements and capabilities will be dynamic over his/her whole life (Biggeri et al., 2011b). From the perspective of the capability approach, the child's thriving is an "intrinsically multidimensional phenomenon" (Biggeri & Karkara, 2014), which depends not only on the process of capabilities expansion, but also on the goods and services available and the conversion factors. Additionally, by analysing the children's perspectives using the capability approach, we recognise that a child is a person with his/her own agency and autonomy, which he/she is able to express within his/her family by articulating his/her opinion and priorities (Biggeri & Karkara, 2014).

In our research, the children were aged eight to 12. We therefore use the children's own and their caretakers' perceptions of agency and freedom to examine how they are involved in setting valuable achievements, whether they are part of a decision-making process, and whether they are shaping the endowments and conversion factors.

9.2.1 Opportunity concept of the child

As we noted previously, in this chapter we distinguish between the capacity concept, the opportunity concept, and the agency concept; i.e., the components that jointly form the capability concept. Understanding the children's perceptions regarding their opportunities and agency gives us insights into their (perceived) capabilities.

To illustrate the capabilities of the different household member groups, we describe a selection of opportunities related to the food choice process that the children said they perceive themselves to have. We give three examples: *going to the cooking club*, *having a healthy meal*, and *having a personal choice in a meal*.

Because we would like to gain insights into whether the families are able to achieve a nutritious and healthy lifestyle, regardless of whether they are willing to achieve this lifestyle, we focus on

the opportunities related to these valuable achievements. These three examples represent some opportunities that can contribute to the creation of nutritious meals and to the development of a healthy lifestyle. Elements that could contribute to achieving a nutritious meal pattern include having the opportunity to choose a healthy meal, having the opportunity to participate in intervention or prevention activities, and having the opportunity to have a personal choice and voice. If children have the opportunity to go to a cooking club, they also have the opportunity to focus on food, to create new experiences with food, and to gain knowledge about food. If they did not have this opportunity, they would also not have the opportunity to gain this additional knowledge. We therefore asked the children:

Are you able to:

- Go to the cooking club?

After the cooking club Cynthia (11) stayed a little longer. She tells us she finds it boring at home, and she just does not want to go home right away. She indicates she doesn't have a close bond with her siblings, that they tease her, and her parents let them do so. That's why she definitely wanted to join the cooking club, so she could have a nice evening once a week. She heard very good stories about the club from her friends in school, and when Maria talked about the club in class, she was very enthusiastic. Her parents thought the cooking club was an odd activity. They'd rather see her do something else, such as watching TV at home or playing with her siblings. She tells us she paid for the cooking club herself. She did have the opportunity to go, but didn't get the small amount of money (personal good) she had to pay for the club from her parents. Instead, she saved her pocket money to be able to pay the cooking club. She says she really enjoys being with friends at the cooking club and doing something different, such as cooking together.

From this example we learn that in this region most of the children had the opportunity to attend food-related activities, such as the cooking club, where they could gain knowledge and experiment with food. Although the opportunity exists, Cynthia explained there are prerequisites for attending these activities, such as having financial resources, the consent of the parents to participate in the activity, and knowledge about the activity. The agency of the child to participate in the activity—in this case contrary to her parents' wishes—is part of the child's capabilities and opportunities.

- Have a healthy meal?

When children observe they have the opportunity to have a healthy meal, it supports the development of a healthy food pattern in families. The knowledge about healthy food they gain from these experiences and opportunities plays a role in their own knowledge development and agent choices.

Jet (11) lives with her two brothers and parents. Although she is the youngest, she is often involved in cooking and preparing the food. Her parents have always liked to eat organic food, and she learns a lot from her parents about this type of food. "They say it is healthy, so I guess I eat healthy. At the weekends we often prepare cakes and other nice things with organic sugar and stuff, as long as we also eat this, I am fine with it. My friends and my grandmother do not really understand why we eat organic, so when I eat with them, I also get other foods, something like potatoes or just food from the supermarket. That is also fine with me. I think I eat healthy and I learn a lot from my parents. I might do things the same way later, but I also would like to have just the regular meals, because it is a little easier to eat."

Jet explained that the opportunity to eat a healthy meal teaches her about the opportunities she has in terms of food choice, and simultaneously she places her family's choices in the context of the choices of other family and friends. She is able to pursue her own choice, but also observed other families who do not have the opportunity to make a healthy choice or make other choices, and thus do not use the opportunity to choose organic food.

- Have the opportunity to choose meals?

To understand the agency development of the children, which plays a role in how they develop freedom of choice and indicates whether they can act in accordance with their norms and values, we asked the children whether they were able to make personal choices. Rolf shared that he is given the opportunity to help choose meals, which contributes to the development of his own free choice.

Rolf (12) tells me that he regularly participates in choosing the evening meal. Because he has this opportunity he tries to incorporate the things he likes into this meal. He is aware that not everything he chooses is healthy, but as long as he doesn't get much resistance from his parents or grandparents, he often opts for a meal that does not include vegetables: "Well, at least nothing green, I hate that". He acknowledges that his mother asks him about his preferences more often than she asks his sister. He doesn't know why that is, but he likes it. "Well my mother does not like to prepare the same thing every day, but she knows I like the potatoes and the wraps. And in the evening, when I would like to have another snack, she will prepare something in the deep fryer. I like it, that is very important".

To be agent and to have freedom of choice is an optimal achievement, but it should be framed within the family's food choice process. In general, the children in the families claimed to have *the capacity* to choose their food, but not all of the children indicated that they have the *opportunity* to choose. The children without the opportunity to choose are dependent on the choice of their parents. But the children reported that they have opportunities within their home environment, their direct social environment, and wider society. They said they believe

that resources ultimately play the most restrictive role, together with their free choice as a child. Moving on from this example, we would like to provide more insights into the agency development of the children in the family households.

9.2.2 Agency concept of the child (the capability to be agent)

The agency perceptions with regards to food choice clearly emerge in the stories of the families. As the literature has stated, the agency of the child is most often demonstrated in relationship to the agency of the other generations in the family, usually the parents (O'Connell & Brannen, 2014). Although we could focus on these agency relationships between family members, we specifically want to emphasise the perceptions of the children regarding their own individual agency. The children often talked about their ability to make valuable choices, and said they feel restricted by policies or their parents, which indicates that they are aware of the agency dynamics within their family, and of the role of external influences. The children claimed that they experience few limitations in terms of their food choices other than the restrictions imposed by their parents or their grandparents. As we can see in the photos the children took, as well as in their comments, the children want specific attention be paid to their increasing maturity, and are seeking validation for their evolving capabilities (Biggeri et al., 2011b).



Wesley (child): *Here, you see me helping my mom cooking. Sometimes I like to help my mom in the kitchen, I had to watch the meatballs, I had to turn them and be careful with the spatters of fat from the gravy.[...] When I help my mom it feels like I am one of the grown-ups.*

The children shared that they like to be involved in the food choice and the food preparation processes because doing so gives them an opportunity to have an independent voice. Being able to do something independently appears to be of increasing importance to the children as they get older. When children are part of the decision-making process, they can contribute to changes in their own family (Hart, 2012). The children in our study indicated that they are able to contribute to their family's food patterns, and in some cases are even able to change those food patterns, when they receive and take the opportunity to use their agency.

In their own house

During my time with the families, it became clear that the children as well as the adults reserve an agent role for themselves/the children in the food choice process. This can be a more neutral

role (*the children/I have to eat and we have this pattern in that food choice*) or a more defined role (*we always ask the children first what they would like to eat or we have to make this choice, otherwise the children won't eat*). This gives the children the capability to act on their own will and in cases they also demand this opportunity.

We observed a range of interpretations of agency by the children, and also several interpretations of the direction of the agency of the child. First, the agency of the child can be more overt or more covert. Second, the children made the distinction between freedom they are given and freedom they take in terms of food choice.

First, a share of the children explained to me they are often asked by their parents to help decide what they will eat, and are thus *given an explicit and overt* role in the food choice process. The child has a large say in the food choice process if the parents think of their child as a fully fledged member of the household who can make his/her own decisions and has her/his own voice. Whether the child has this role depends less on the child's age and more on the general parenting strategies in the household, and the agency the child has been assigned and that the child has taken from a young age onwards. The children with a large say in the food choice often said they are aware of their agency and ability to choose.

Brian (child): *And then my mom often asks us what we would like to eat. We always say fish fingers, but ehm, when we do not have those, we take French fries.*

9 Marieke (child): *Well, my brother and I are sometimes the boss when we eat. When I do not like the food, I always get a sandwich. Now I tend to say that I don't like the food, so I can get a sandwich. Or she [mother] should make me something I like.*

The children in these families indicated they are explicitly asked about their preferences in food. For example, Brian said he can rely on the availability of his preferred choices. The explicitness of the agency and freedom of the children gives them the opportunity to continue asking for the food they want. The children also said, however, that they perceive that they have different degrees of agency depending on the meal. Many of the children said they are more likely to be allowed to choose the foods they eat at dinner and lunch than at breakfast, when the main choice is whether to have breakfast at all.

Dewi: *At lunch I only eat things that are warm. I am not a bread eater, so I choose warm things, such as a cheeseburger or pancakes.*

In other households, the children have agency and influence the food choices, but this agency is more *implicit*. In these cases, the children often showed demonstrating their agency by exerting their will over the food choice process. In these households, the parents said they do not allow the child to have a free choice. However, the children said they believe they play an important role in the food choice process.

Denise: *They [her parents] do not always listen to me at first, but when I ask for something*

else, my mother will cook me something else, some other vegetables for example. She makes a separate dish for me, fortunately.

This (unconscious) alignment with the tastes of the children is a strong recurring theme. Even though the parents (more specifically, the mothers) often said they do not want to give in to the preferences of their children because the children's choices are generally less healthy, they admitted that they often do so, either consciously or out of habit. To allow all of the family members can eat what they enjoyed eating, they make several pots of food [*aparte potjes*]. Most of the children said they have *the feeling* they can choose what they want like to eat. Because the mothers spend most of their time with the children, the children said they feel confident about giving their opinions about their mothers' food choices, and said they see room for debate.

In other families the children said they do not see themselves as agents in the food choice process: i.e., that they cannot act independently in the food choice process, and are not explicitly able to act on their own will. These children said they are expected to eat what is on the table, although the food is often more or less to their taste.

Pieter: *My mom always decides what we are going to eat. And I like what she cooks, so I always eat it.*

Michael: *My parents always choose the food, because, well, especially my mother thinks we would not choose something healthy. But I did think of something healthy once and then I told her.[...] I always hate it when she cooks healthy food.*

As Michael's comments demonstrate, the children can have a greater influence if they connect to the valuable achievements of the parents. The children also made this observation, but generally said it is hard to reconcile their preferred choices with those of their parents.

Of course, the question arises as to where the agency of the child in the food choice process started. If the child is choosing from the food that has already been bought by the parent, the independent act of the child is limited. But most of the children have a free choice in making the grocery list, and thus have a say from the start of the food choice process. Still, the children did not participate in the actual act of shopping only when they felt the need to go with their parents.

Stefan: *When we think of something we would like to eat my mom adds it to her grocery list. And sometimes we definitely need to go with her, otherwise she ends up buying the wrong thing. But most of the time we make a list together and she picks up the things.*

Denise: *Well, most of the time I stay at home when my mom shops for groceries. We just go to the ordinary stores, and that's boring. Only when we go to the grocery store in Germany do I go with them, because that is a very nice and big store.*

Although many of the children said they do not think shopping for groceries is an interesting

activity, they reported that when they accompany their parents in shopping for groceries they are often told to choose the snacks they would like to have.

Chantal: *I often choose a dessert or some cookies or some other snack. Then I choose chocolate puddings and chips, because I like them.*

While the children select the products that are consumed between meals, the parents select the other products. This division in the decision-making process may be a reason why the children tend to focus on the “tasty” products, while the parents focus on the products for the main meals, including the healthier or “less tasty” products.

As has been shown, the agency of the children also plays part in the grocery choices. This so-called “pester power” (Gram, 2010), which is the influence of children over adult purchasing, is prominent in the stories of the children in our study. The children are more or less aware of their agency. For example, they often reported that they secretly put products in the shopping chart, and acknowledged that they are distinctly aware that these are products they want, but that their parents do not want.

Stefan: *Well, I usually do it secretly, so that they do not realise what you are doing.*

Wesley: *Well Stefan puts things at the bottom of the shopping chart. We put some other things on top of it and then my mom does not notice. She doesn't not even notice when it is scanned at the cash register. Only when she looked at the receipt she notices. But then it is too late...[haha]*

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The responses of the children regarding their role in the household setting indicated that most of them feel (some) freedom to express their opinion about food choices, and that they also exercise a certain amount of freedom when they are not asked for their opinion. The children indicated that they enjoy the freedom and agency they have within their household, and emphasised that their agency is supported by their parents. The children who reported that they do not have an explicit say in the food choice process also said that they do not care to use more of their agency, or that they do not feel they are able to do so.

At the grandparents' house

The children described food moments at their grandparents' house as special and “cosy”, regardless of the frequency with which they occur. The children said they feel that their grandparents have more of a caring function and much less of an educational function. The children indicated that their grandparents give them food independently of their parents' food pattern, that their grandparents focus less on healthy eating, and provide them with more agency than their parents do. Although the role of the grandparents in children's food patterns has rarely been studied (Farrow, 2014), the studies that exist reflect these results: i.e., while the children perceive they have agency at their parents' house, they experience the agency at their grandparents' house as being more pleasant. At their grandparents' house the children do not have to put much effort into getting their perceived needs met.

Kelvin (child): *Grandma is always trying to make something nice, which I like. Her pancakes are*

therefore much better than mom's.

Marieke (child): *My granny does something special for me, always. She always gives me the best things to eat and I do not have to do anything. [...] That is what I like, I don't have to ask 10 times, because [at home] my mom never understands me, she often makes other things and then I have to tell her I can't eat that, but my grandmother, she just understands what I want and she listens to me.*

Because the grandparents have status in the family, the children are more accepting of their food. For example, Kelvin explained that both his mother and his grandmother make the same food, but that he accepts his grandmother's food because he is provided with more agency, and he acknowledges her status. In addition, the children indicated that they let their grandparents pamper them, and that they deserve the special treatment from their grandparents. While a share of the children said they feel confident about their agency at both their parents' and their grandparents' house, their agency serves a different function in each household. At their grandparents' house the agency to choose and eat to their liking is often given to them by their grandparents, whereas at their own house it is not (always) automatically given, and they have to assert themselves by asking for groceries or demanding different meals from those their parents or siblings are eating.

Agency of the child in other contexts

The results outlined above demonstrate that children can have a strong voice in food choice, and try to speak up about their perceived needs. The agency experiences of the children at school and at their friends' houses show that the children adjust—willingly or unwillingly—their agency levels to the policies (at school) or the choices of people less familiar to them.

School

The school environment imposes more restrictions on children's influence over their food choices. Different rules apply at school, and a share of the children said they feel it is difficult to adhere to these rules. Some of the children said they feel restricted by the school rules, such as policies regarding snacks in the break and policies that require them to remain seated while eating. The children also said they feel they receive less attention while eating at school than at home.

Jarno (child): *The kids at school are very busy and you cannot eat anything extra at school, you cannot take any sweets, only fruit and bread. Everything else is prohibited. I do not like to eat there.*

Many of the mothers indicated that they regularly hear from their children that they do not like to eat at school. Some of the mothers said they have tried to find alternatives for their children, such as eating at their grandparents' house or at home. A number of the parents reported that

they avoid making other appointments during lunch time. Thus, the children have influence over the place where they eat, which shows that *implicit* agency is used by the children.

Janka (mother): *The mother of Wobbe's children lives in another village, but they go to school in our village. So when they are at their mother's they have to stay at school for lunch, and they really hate that. So then I said: "You know, the children can come over for lunch time and eat their sandwich here".*

Although school policies sometimes restrict the agency and the voice of the child, some of the mothers said they have noticed that the children use their agency at school in defiance of these policies.

Marie: *Annelie said to me again today: "I do not want to bring gingerbread, I do not like it". I said to her that she would like it and that I did not have anything else but gingerbread. But then they will swap, then they swap the gingerbread for cookies of other children...*

Friends

Most of the children said they eat at friends' houses regularly, or that they invite friends over for dinner at their home. The children indicated that they have noticed that other households make different choices regarding food. While many of the children said they understand why different households make different food choices based on their circumstances, most said they prefer to eat with children who eat the food they normally would, because they feel less freedom to express themselves if they do not like the food that is being served. The more familiar the household; the more agency the children said they feel they have.

Chantal: [Are things different at your friend's house?] *Not really. With that friend we sometimes have some extras from the restaurant, because her parents have a restaurant, but nothing else is different. I like that. I know her and her family very well; that is also nice, I can say anything I want.*

Some of the children reported that when they eat outside of their home they *use* their voice more *explicitly* by expressing their preferences and boundaries in terms of food choice. At the homes of their friends their voice is then accepted by the family members of their friends.

Marieke: *I just say it when I don't like it. I was once at a friend's and they had a lot of vegetables and tuna and I really did not like it. I just said it and then I got some sandwiches instead.*

The stories of the children in this sub-section may raise questions about the boundaries of children's agency in food choice. Although the role of the child in the family is large, the agency of the parents is still part of the balance of choice. If the children have the final say in the choice of food products, they may make less nutritious choices. But when we apply Sen's capability approach, we see that the children are pursuing their valuable achievements in terms of food choice. Where do the boundaries lie between enabling children to pursue their goals and prioritising their health? On the other hand, giving children freedom of choice does not

necessarily mean they will make only unhealthy food choices; in some cases, children may correct unhealthy choices that are made for them using their agency.

9.3 Parents' opportunities and agency

In the following sub-sections we discuss the opportunity and the agency perceptions of the parents in the families, which may influence how the parents use their capabilities, and how their capabilities influence their valuable food choices. We first discuss the opportunities and the agency of both the fathers and the mothers in different contexts. We then share some examples how these capabilities are used to create freedom of choice, and how they could influence food choice.

9.3.1 Opportunity concept of the parents

In describing some cases that illustrate parents' opportunities, we discuss the same themes as we did in reference to the children. These themes are related to important themes in this dissertation. The mothers and the fathers described their perceptions of the opportunities they have to engage in prevention and intervention activities (for instance, going to the dietician), their opportunities to have an unhealthy or a healthy meal, and their opportunities to have a personal say in choosing a meal. These opportunities can contribute to the achievement of a nutritious meal and good health for the family members. We asked the parents:

Are you able to:

- See a dietician?

Seeing a dietician can provide parents with additional knowledge about food and nutrition, and they can then choose whether to use this information. The opportunity to see a dietician is an opportunity provided by society, and therefore represents the freedom to gain resources.

Els said she did not realise until very late that the dietician was an option she should consider. *"I was never really aware there was someone who could help you with choosing food. Also because I never thought you could do something wrong with food. I used the things my parents taught me to do. My mother always did it in one way, so I also did it that way. I changed some things in my food pattern because of the dietician I spoke to last year. I did not think about it until I got diabetes. I couldn't get used to the new things at first and Kees still does not do it the way I do. For him, I still put some sugar on the vegetables, but I can do without it now. But the gravy I still make with the packaged butter, the dietician said I should do it with liquid butter. But that tastes very different. I liked everything I ate, so, why change, right?"*

Bianca: Well, I went to the dietician for Michael, the GP recommended it when I was taking Michael for advice on another medical matter. The dietician provided me with a list of things he should not eat and things he should eat, a diet list. But I notice that when Michael is home and I have bought chocolate, that I do think: well, yes, when he sees me with the chocolate, I pity him and then I give it to him anyway, he can take something. It is hard, sometimes I just do not want to think about it. So I can go to the dietician with him, but it is harder to put it in practice. I do not always feel like being strict and applying all these rules on Michael.

The opportunities the parents describe show that different opportunities are provided in their living environment, and they are able to take advantage of these opportunities. In relation to the dietician, knowledge about these opportunities plays a role. Els indicated that her opportunity or knowledge about this opportunity changed when her personal resources changed. A change in her health status and the advice of her doctors persuaded her to use the opportunities in her environment. We observed that the opportunity to see a dietician can contribute to the parents' valuable achievements, regardless of whether they decide to change something about their diet.

- Have a healthy meal?

The parents' belief that they have the opportunity to have and to provide a healthy meal supports the development of a healthy food pattern in their family. Furthermore, the opportunity to have a healthy meal allows people to reflect on their resources and on what they would like to achieve. Having this opportunity and a range of choices contribute to the development of the parents' agency considerations.

In conversation with some of the parents we discussed how they choose a healthy meal, and what they consider to be a healthy meal. Although they have the opportunity to eat healthy meals, they said it is difficult to do so in practice. They discussed techniques to get their children and themselves to make a healthy meal and eat healthily.

M1: You know what my daughter said recently? I laughed so much! We had macaroni and that is always a struggle, because ahhh that red piece I do not like! That is really bad. And then she asked: "Mommy, why are those little pieces all in there?" Well, I said, "Those are vegetables, they are healthy! That's why Mommy puts them in there". She said: "But I think I do not like them, can't you just cook without them?" I said: "No, those are vegetables that will help you grow". "Well, then you'll just put some lettuce leaves at the side?" she said!

V4: You can also just put the pasta sauce in a blender though!

M1: I have already tried it once, but that does not work!

M3: I've also done it once, just bare pasta with a dab of ketchup on it. That's when they ate it.

M5: When I make it separately, [daughter] eats the sauce and [son] eats the pasta.

The valuable achievements are also reflected in the opportunity to have a healthy or an enjoyable meal (which could be related), but the basic assumption of the parents is that there

are opportunities to have both healthy and unhealthy meals. The opportunities to have healthy meals increase with the possibility of using certain techniques to get the children to eat a healthy meal (and thus the agency of the parents), and the opportunities to have a tasty meal increase when the children are not at home.

- Have a personal choice in a meal?

To understand the agency development of the parents, which plays a role in how they develop freedom in choice and indicates whether they can follow their norms and values, we also asked the parents whether they can make a personal choice. In the mothers' group we discussed the parents' opportunities to make meals based on their personal choices.

During a conversation with some mothers we talked about the healthiness of meals, and how they feel that unhealthy meals are easier to prepare. They said that when the children are not around they feel they have the opportunity to make a meal that they enjoy (healthy or unhealthy), because then they only have to consider themselves. These meals then satisfy their tastes. Some of the other mothers and the fathers said they consider these opportunities when their children are around.

M1: I do that too when the kids are with my ex, I also have these pizzas from the freezer or something I put in the microwave. I really cannot stand to cook only for myself! You want to have an easy meal then.

M4: Sometimes I call my parents when I am alone, so they can come over and we can share a meal, or when I have some leftovers from my meal I just put them in the freezer and we eat that again with some peanut butter sauce.

M2: My children love those sauces! Unfortunately, I do too. I always try to hold back when they are around, but when they are off to bed, Ron and I sometimes make toasted bread with mayonnaise and ketchup.

Interestingly, the parents almost all agreed that the opportunities to have a meal that satisfies their personal tastes increase when they do not have to take the children into account. This indicates that their level of agency declines as they allow their children to make decisions about food. Moving on from this example, we would like to share more insights into the agency concept of the parents.

9.3.2 Agency concept of the parent

In most of the households in the study I talked to the mothers, and in some of the households the fathers were also involved in the observations and conversations. The situations in which I talked to both parents very clearly showed that the route to making a food choice is complex. In the majority of the households, the mother prepares the meals and does the grocery shopping. We have shown throughout the chapters that the preparation of meals involves a large number of considerations that eventually evolve into a pattern. We should therefore frame the discussions

on agency within the opportunities and the resources each family have available. In some of the families, agency is limited because the parents have limited freedom to choose, and/or they simply eat what they can buy. However, the agency of the mothers and the fathers plays an important role in food choices. The parents discussed themes such as “joint favourites”, unity in nutrition, recognition from others, their children, and their (ex) spouse. These themes show the extent to which the parents feel they have the agency to make choices related to their valuable achievements in terms of food choice.

Agency of the mother in her own house

In most cases, the mother in the household expressed the greatest concerns about the family's food choices and patterns, and is thus the hub in a complex set of actors and values. The interviews with the different actors and the observations and interviews during the fieldwork indicated that the mother still fulfils this role. The mothers described themselves as having the *mother role*, and said that most of their choices are supported by a certain value system that also contributes to their subjective social well-being.

I: *And who decides what you will eat?*

Marie (mother): *I usually do that, but I always ask Mark and his sister what they would like to eat. And then I have to consider all the preferences of everyone.*

Thus, in the parental agency debate, the mother is usually the agent who prepares and cooks the meals, while the decision about what to eat includes the agency of the children and of the spouse/father. In the previous sub-section on the agency of the children we demonstrated that the children have an independent voice in the choice for food. The voice of the mother is embedded in her authority within the household, and the perception of that authority by her children.

In the following situation, the mothers talked about how they feel about their authority.

Mother 4: *I moved the candy drawer from the bottom to the top, it was so tiring! Then Bart sits at the couch with a lollipop in his mouth and then I have to say again: “You’re not allowed to eat that!”*

Mother 1: *The candy bins are now on top of the kitchen cabinets and Pedro recently said: “I’ll pick it up myself!” I said: “How do you do that? Well, I’ll just stand on the stool and then on the counter and then I can grab it! Then I thought: “You did this before when I was not watching you!” But usually he asks, he would never just pick something, no, not really.*

Mother 4: *Bart does not ask; he just gets it out of the cupboard.*

Mother 1: *I give them candy just at set times, they just know.*

Mother 4: *Well, with that candy they collect on Saint March [festive day in the Netherlands], I want to get rid of that as quickly as possible, so they are allowed to eat it whenever they want to.*

Mother 3: *That does not work with our children. They collected so much candy that they still have a container full of candy, so after January 1 it will just suddenly disappear...*

Some of the mothers said they apply different techniques to regulate the food behaviour of their children, while others said they regulate less and let their children manage their own food behaviour, in this case in relation to eating candy. Yet the mothers who said they regulate the behaviour of their children also said they feel more confident that their children eat relatively few sweets.

Some of the mothers indicated using several techniques to get the family to eat some healthy products without jeopardising the harmony in the family and at the dinner table. These mothers said they use their *parental power* to get their children to eat healthy foods, and only give in occasionally. Others said they just buy their children's favourite vegetables or fruits.

Linda (mother) explained: *I discovered that the children enjoy having a free choice; that they can make the choices. "Can I have this then?" Or, "Can we have a big dessert then?" You can satisfy them with that. And then they think they have the power, but actually I still have the power. Or maybe I should not call it power.*

Most of the mothers indicated that their agency in food choice varies, especially in terms of the evening meal they are often influenced by the choices of their spouse or children. Most of the mothers said they regularly use their agency, or capability to act independently, in choosing snacks and candy.

Marie and some of the other parents said they use their agency in a more straightforward manner. She said that while it affects her when her children rebel at the dinner table, she still wants her children to eat what she serves them.

Marie: *Once in a while, when it is their birthday, or another festive day, they can choose what they want to eat, but other than that, they just eat what I make; it's potluck. They may become rebellious when I tell them that, but I try to ignore them. I made it; you eat it.*

This shows a more explicit use of agency, which is also influenced by the perception of the child. The relationships between the parents and the children thus include some restrictions on the freedom of the children. Moreover, as we stated at the start of this chapter, the boundaries of the agency of the children and the parents may evolve over time, and are influenced by the circumstances at particular points in time. When, for example, the parents do not have enough money to buy food, or when they lack the means of transport to shop for specific foods, the parents and the children were less able to consider the agency of different family members in the first place.

Still, we observed differences in perceptions of agency among the mother. First, we distinguished between the different levels of *ability* of the mothers to exert agency. Second, we observed different levels of *willingness* to exert their agency, based on their perceptions of their children, and their norms and values regarding childrearing.

Ellen: *I think it is important she serves herself and decides how much food she wants and takes. At a certain time she started to talk about gravy, and that she likes it so much. Well, then, we buy gravy. I think it is important that she makes her own choices, and that her food choices are not*

imposed on her by us or others.

We continue the discussion about the image of the child and food choice later, but first discuss the role of the father in the household.

Agency of the fathers

Although we have given particular attention to the role of the child in the motives for developing a certain food pattern, the role of the fathers in the determination of the food pattern should not be underestimated. It is conspicuous that the fathers did not discuss their ability or willingness to give agency to their children, and thus their role as a parent; but were instead much more likely than the mothers to discuss their own preferences in the food pattern. Although the meals are usually prepared by the mother, the wishes of the father play a significant role in the development of the food pattern. The father's preferences contribute significantly to the family's food values and choices. Here we can see the complex challenges the mothers face. According to some of the mothers, their children's father tends to adhere to traditions and customs.

Gea (mother): *[Father] is the one that is picky, he does not eat many things. The best thing I can do is just serve him a meatball with gravy every day. Whenever he can mash his food, he is pleased...*

Dorien (mother): *[Father] often says: "I do not like that food [lust 'k nait]". And he should not keep passing that on to the children, because they won't eat their meals anymore.*

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In many of the families the father is an example for the children. Whereas the mother prepares the food, the children observe that their father determines whether certain foods are acceptable. As the children indicated earlier, the chances that the children will not like food is influenced by their father's preferences.

Gea (mother): *My husband does not like bread. He eats it sometimes, because I say that he also has to educate the children. I noticed that, just like their dad, the children are not so fond on bread. I always gave them bread. But you know: now we have my bread and we have the bread of my husband and children. So basically we have Mommy's and Daddy's bread. That is very often the case. When their dad says: "Hmmm I don't know about this food", the children will immediately say: "I do not like it either".*

On the rare occasions when the father helps to prepare the food, the role and the influence of the father is again emphasised.

Marie (mother): *And the kids love it when he makes a small dish! Then they say: "Dad made that!" Sometimes they don't eat what I make, but they should. But dad's food they always eat!*

This shows that fathers can influence their children's tastes. In addition, the fathers in these households said they are concerned about not just having a harmonious meal, but about the taste and the function of food.

Harm (father): *When we choose food, my role is pretty easy. Agina (mother) says: “Now you should choose something for dinner”. And then I say: “Hmm, that’s difficult”. Or I’ll say for example: “Please make some French fries”. Because I know she won’t prepare them every night. I always choose the path of the least resistance, so I don’t have to worry about what we are going to eat. She knows what I like.*

This was refuted by his wife:

Agina (mother): *And when I ask dad [husband], he says: “I don’t really care, you can choose. [...]”. And then I prepare something strange, something they do not know, and then he [husband] is the first to comment. He just wants to eat the same thing every time, not something different; then he gets upset and the children do too...*

Curtis, James, and Ellis (2009) also found that food choice processes are more horizontal than vertical when parents and children have to make family decisions. Especially in making decisions about food, children and fathers tend to position themselves on the same level; i.e., in opposition to the mother, who is assigned the more traditional parenting role. In their analysis of capabilities and agency in choosing healthier diets, Ferrer, Cruz, Burge, Bayles, & Castilla (2014) showed that household members may undermine the choice of a certain (healthier) food pattern and limit the agency of one of the partners in the household. The partners in a household do not always back each other up in their food choices (see also Belch & Willis, 2002), and both the mothers and the fathers spoke about the rich social environment in which they make their food choices. We see here that the agency or the opportunities to use the support of the partner in making choices are limited. It also appears that in food situations the mothers tend to use their agency more actively, whereas the fathers use their agency more passively (Torri, 2016).

Image of the child

In these discussions with the parents on agency in the family, we observed differences in the ways the parents perceive their child. In the literature it is now generally agreed that children can be social actors themselves; thus, children are now seen as active participants in their household and social environment, and as capable of playing a dynamic role in their family, their community, and their society (Biggeri & Karkara, 2014). These assumptions are generally confirmed by the examples and stories of the parents and the children.

In my interactions with the parents, they indicated that their children play a substantial role in the food choice process. We therefore analysed this relationship between the parents and the children in greater depth. In the conversations with the parents I discussed how they perceive their child and what they want their child to achieve. This led to various interpretations and explanations of what a parental relationship is, and what it means to them. One group of parents said they believe it is important for their children to be independent and to express their own opinions. These are also households in which the agency of the children is generally significant and active.

Yanna (mother): *I never just let anybody tell me what to do [nooit zomaar iets aanleunen], and*

my husband it the same type of guy. We want Chantal to learn to be like that too; she can be a bitch if she wants [haha].

Francisca (mother): *They should know they are important. What they feel and need is very important to them. And they should be allowed to say the things they want. We don't have many rules; they should do what they think is best.*

Tammo (father): *They [the children] do have quite a bit of freedom, they can make decisions on their own. We do not always agree, but we do not tell them what they need to do.*

Other parents said they want their children to be independent, but are afraid to give them this freedom, although these children are agents within the household.

Willemien (mother): *I want her to do more, but I am always afraid she will hurt herself. That's why I send her to this cooking club, because there she does it without me seeing that she does it. I don't have to take care of things then and another person will take care of her safety.*

Hence, the relationship between the parents and the children can be interpreted as being based on the development of a free and independent child. This is expressed in the freedom the children claimed to have, and in the less explicit form of supervision exercised by their parents. The children are taught to be independent, and thus to care for themselves. The parents have different concerns about their likeability, their consistency, and their communication in their relationships with their children, which may increase the agency of the child, and has an influence on the agency provision of the parents. In chapter 8 we looked at the cultural environment of the families, in which they discussed their perceptions of freedom. We also see these perceptions reflected in the image of the child. We therefore discuss some cultural schemas of agency.

Intermezzo: Agency and cultural schemas

Within the region, the cultural schemas related to agency and freedom are reflected in some of the examples in the previous sub-sections. The freedom to make use of one's own knowledge and insights is highly appreciated in the households, although each family member had his/her own interpretation of that freedom. For example, most of the parents indicated that it is very important for their children to make their own choices, and that these choices are not influenced by anyone from outside of the household. The families thus claim that they want to make their own choices, because they know what is best for them. Participants claim that the desire to develop and retain their own voice is historically rooted in the protests against the farmers and the government. The people in the region have little trust in those outside of their immediate environment.

The participants indicated that they prefer to follow their own instincts and those of like-minded people. Statements such as these often led to discussions of the characteristics of the people in the region. Parents, grandparents, and gatekeepers asserted that the people in Oldambt dislike interference or intervention. Although the research took place in villages with a strong social structure, as was shown in chapter 8, the people in these villages tend to avoid interfering with

each other's habits and choices.

I: *Do you talk about food choices with other people?*

Linda (mother): *Oh no, I would never talk about those things, not even with friends. What you do is your own business. It is not my business* [pakkie'an].

Anja (mother): *No, I will never interfere with that, those are the choices of my daughter and I will not tell her: "You have to do it like this or like that". That is not my duty.*

In general, the cultural environment seems to be part of the food patterns and choices of the families. The food patterns are based on familiarity with products, and tend to change very little. This was also shown in the chapter on valuable achievements in food choice. The need to reinforce existing patterns and to claim ownership of personal behaviour and personal choices are important cultural schemas. These schemas play a role in the lives of the children as well as the adults, and thus generate an intergenerational perspective on issues such as food choice.

Wesley (child): *You have to give me some freedom and space, otherwise I think I can be quite difficult and get angry. My parents understand that; they give me freedom and then I can do things my way.* Although many of the local people confirmed this description of the cultural environment, I would like to emphasise that these cultural influences were not found in all of the households in this region, and may not be specific to this region. These schemas do, however, influence the food choices and patterns in the households.

Agency of the parents in the grandparents' house

Returning to the topic of agency in the food choice process, we now look at the role of the parents in the grandparents' house. In the grandparents' house the parents have little influence over the food the grandparents make and prepare for their children. The parents indicated they are not concerned about their role in the grandparents' choices. The parents acknowledged the agency of the grandparents in their own house, and indicated that the children can and do speak their minds when they are with their grandparents.

I: *Do you think about how and what Douwe eats at his grandparents' house?*

Dorien (mother): *No, they decide themselves. Grandma wants to spoil him, that's why she is his grandmother. She does not educate him, she indulges him. [...] I am fine with that.*

9.3.3 Divorced parents

In several of the families the parents are divorced. In these families both the parents and the children have to work harder to balance agency levels across two separate households. Agency issues are even more prominent in divorced families than in families in which the parents are living together. The children appear to struggle with having more voice in one house than in the other.

Jarno (child): *I am allowed to have a cup of coffee (at my father's) every two months; my next will be in December, I think. But at my mom's I can drink it much more often.*

Annelie (child): *And then he gets into a fight with my father because he wants more coffee.*

Wobbe (father): *Rosa is also crazy about noodle soup, and here she is allowed to eat noodle soup*

once a week, but with her mother she gets it in the morning at 9 a.m. She lets Rosa do what she wants.

The parents observed these differences and acknowledged that they may have different food patterns because they are divorced, and that they may give their children more or less freedom than their ex-partner. Because there is little or no communication between the parents about nutrition, both of the parents can prioritise their own values.

Linda: Yes, of course I am not there when they eat with my ex, but in the period immediately after we separated he served fries and pancakes all the time. But I never talked with him about it.

Bianca: But it also happens that they eat at their dad's for lunch, that might happen twice a week, although it is my week. He just lives closer to their school. I know what they eat there. Often it's fish fingers or hamburgers. It's a little different here. I say nothing about it; I cannot do anything about it, he does what he wants.

Linda said she feels she has the agency to talk to her ex-partner, but just does not want to; while Bianca said she does not think she would be able to influence her ex-partner. This shows that parents who are separated have to develop their own role as a caretaker while being more or less dependent on the agency of the other partner; and that they deal with the agency of the children in the household differently.

9

9.4 Grandparents' opportunities and agency

The grandparents also shared their views on their opportunities and agency, which they consider to be influences on their capabilities in caring for their grandchildren. We mainly focus on the relationship between the grandparents and the grandchildren, because it is the most prominent one in the food choice processes of the families we observed.

9.4.1 Opportunity concept of the grandparents

For the opportunity concept of the grandparents we present three short cases, with the prevention/ intervention case being the Slankcirkel [Slimming Circle]. We highlight for the grandparents as well how they perceive their opportunities to eat healthy meals and meals based on personal choice. We thus show how the grandparents think about the opportunities they have to get (or get knowledge about) nutritious meals. We asked the grandparents:

Are you able to:

- Go to the Slank Cirkel?

When the grandparents take the opportunity to engage in an activity such as the Slank Cirkel, they can gain knowledge about food, nutrition, and weight management; and they can then use their agency in deciding whether to apply this information. The opportunity to attend indicates that opportunities are created in society, and that they therefore have the freedom to access

resources. Furthermore, such an activity can provide people with opportunities to meet other people.

Some of the grandparents talked to me about the Slankcirkel, an initiative for people aged 50 and older who want to keep fit. Rika told me: *A few years back I went to the Slank Cirkel, because some of my friends told me about it. It was not a national programme, it was only in Winschoten, but it worked for me. Just because they weigh you every week. But it was during summer that I did that and after the summer holidays everyone had gained weight again, including me. But the course leader of the Slank Cirkel, he was eh, well I think a hundred kilos, maybe more. And he only had to go to a meeting of the Slank Cirkel once a year, to get instructions on the course and then he had to make sure he had lost some weight. Well, it was a couple of kilos, but that did not matter. But it was really a strange combination. And now that I am older that weight does not matter that much anymore; it was only during that summer that I took the opportunity to go. And it's not, it's not that I feel any pressure from my social environment or something like that. Only when you buy clothes it is annoying, sometimes you see something nice and then they do not have that in your own size. Then you would have to say, well I want to lose weight, because I want it. Well, then you have to be very strong. No, I will just find something that does fit me. Last month I heard the Slank Cirkel stopped meeting because there were not enough people, so even if I wanted to go again I couldn't.*

Like the children and the parents, the grandparents can make their own lifestyle choices, although the intervention opportunity Rika talked about is no longer available. Other intervention and prevention activities for this age category were not discussed during my field work. Although other opportunities may exist, Rika and the other grandparents might not know about them; or, as in Rika's case, they might have lost interest. It thus appears that the availability of opportunities does not always equate to a willingness to use the opportunities.

- To have a healthy meal?

When the grandparents have the opportunity to provide a healthy meal, this supports the development of a healthy food pattern in families. Furthermore, the opportunity to have a healthy meal teaches people to reflect on their resources and on what they would like to achieve.

Grandmother Cora told me that she takes the opportunity to let her grandchildren try spicy food, because she believes it is healthy for them. She has this opportunity at her own home, but not at the house of her grandchildren, where this food is not appreciated.

We like spicy food. We teach that now to the grandchildren. They are learning to eat more and more spicy food. That's good for them, it is healthy to eat spicy food. I think it is very good to integrate this food into their meals.

It's good for your heart and your body, as spicy food is hard to digest, I once read that on the Internet. The parents of Ricardo are more conservative, they still eat potatoes at noon. When they eat here Ricardo wants his mother to taste our food, but although they are curious, they don't do it.

The grandparents presented yet another view on capabilities. Their opportunities to realise their valuable achievements in terms of food choice are met, with decreasing dependence on others (parents, children, and social environment). The grandparents discussed their opportunities to have a healthy or an unhealthy meal in a lighthearted way, because both the grandfathers and the grandmothers see these opportunities as straightforward. They reflected on these opportunities as being *their own choice*, largely because their responsibilities to their children and their grandchildren are much less onerous than when their children were young. This is reflected in the following case, in which Nico reflects on his personal choices in meals.

- To have a personal choice in a meal?

With a grandfather, Nico, I discussed the opportunity to have a personal choice in his meals. He has and takes the opportunity to eat unhealthy meals, in part because he does not think doing so has many consequences.

I: *We were just talking about healthy eating. What would be the difference for you between healthy and unhealthy eating, what would it do for you?*

Nico: *I do not really know. I do not believe you really get sick from eating unhealthy food. No, I do not believe that. Whether I eat healthy or unhealthy food, I do not observe a real difference. Look, you get experience. I always have French fries in the freezer and when my stomach gets upset from eating them, then I have not prepared them well. Then I made them too fatty or I ate too much. It's that simple.*

I: *But do you think you would notice it if you ate healthier?*

Nico: *Maybe. I have no idea.*

Moving from this example, we would like to share more insights into the agency concept of the grandparents.

9.4.2 Agency concept of the grandparent

Agency of the grandparents in their own house

The intergenerational perspective has been very important throughout the results. In the context of the agency concept we observed that the grandparents perceive themselves as empowered individuals within the family setting. They are perceived as being knowledgeable and as an example for both the children and the grandchildren because of their physical and social maturation. Because they are perceived by other family members as individuals with considerable agency, they are given many opportunities and are able to make agent choices.

Of the 13 families in the study, in seven families the children eat regularly at their grandparents' house. This is 1) because of practical considerations (e.g., because the grandparents live closer to the school); 2) because other grandchildren also eat at the grandparents' house; or 3) because the children have a close relationship with the grandparents, and meal times are used to preserve

this bond with their grandparents.

The grandparents have a central position within the families. Whereas the children said they feel more guided by their parents in the food choice process, the grandparents position themselves in such a way that are led by the children in their food choices and preferences. This role is confirmed by the actors in the household and is adopted by the grandparents. The transition from the mother to the grandmother also gives the grandmother a different degree of responsibility in the upbringing of the children and the associated food choices. The grandparents were very explicit about their agency and role:

Anna (grandmother): *But now you see it with your grandchildren, then you're a lot easier. It is not your responsibility anymore, so it has changed something.*

The grandparents also noted that the role of children has grown within the core household. They observed that, compared to when they were raising their family, children today have more responsibility, are included in more decisions, are more aware of the choices they have, and use their position in the household to a greater extent.

Anja (grandmother): *Yes, they are a bit critical, "I do not know that, I do not like that". They are harder to satisfy than my own children were at that age. They know what they want. What is there to get and they usually get it.*

The grandmothers noticed clear differences between their parenting style and how their children are raising their grandchildren. The grandmothers observed that the diet has changed over the generations, and that the mothers have become less strict about eating.

Rika (grandmother): *But to me I always felt the children had to eat at the table and finish their plate, otherwise they would not get dessert. At that time every child wanted a dessert, that was something special. Now, even the dessert is not special anymore and the parents are not that strict, so that has changed for my grandchildren.*

Ellen (grandmother): *Parents used to say: "If you do something wrong, you get punished". We didn't talk about why something was wrong. And I think that's a big difference with what you see today. People listen to their children[...], but that also has a disadvantage, because you do not always have time to listen or you cannot always give your child the benefit of the doubt.*

In their transition to being a grandparent the agency of the grandparents changed, because they have transitioned to another social identity. Although they already have agency as a parent and are able to reflect on this role, they also feel they have agency as a grandparent; as they can choose the products their grandchildren like, indulge them, and show them affection.

Agency of the grandparents at the grandchildren's house

Although the grandparents observed the differences in agency and autonomy between the generations, the grandparents are not directly involved in the food choices of the parents and grandchildren. The grandparents emphasised that as grandparents, they are acknowledged for

their experience, knowledge, and maybe even wisdom; and that they exchange these qualities with their family members. They said they are not, however, involved in the ultimate choices the parents make.

Rika: *Yeah, well, I'm actually not really sure what and how they eat at Wobbe's and Janka's place. No, I'm not sure what they all eat at home. Janka may ask advice sometimes, but they make their own choices when they eat with the children.*

As we noted before, the families tend to interfere very little in each other's lifestyle choices. Thus, the grandparents may not feel the need or the freedom to play a large role in the food practices of the children when they were not at their grandparents' house.

The grandparents, the parents, and the children jointly shared their experiences with opportunities and agency for themselves, and their perspectives on the agency they share with others. We observed that the children perceive themselves as having agency in different parts of the food choice process (purchase, preparation, and meal choice), but that the level of agency differs by household based on the valuable achievements in terms of food choice of the families, the agency perceptions of the parents, and the image the parents have of their child. The fathers and the mothers differ in their use of agency. The mothers tend to focus on their role as a "parent", which implies that they have to find their agency and voice in relation to the children and the father. The grandparents observed the changing roles of the children and the parents across generations, but allow their grandchildren considerable agency in the food choice process.

Opportunities related to lifestyle are available, although whether people use these opportunities is still mainly dependent on knowledge (of the opportunities) and financial resources. We therefore end this chapter with an example of *knowledge as capability*, and of how this can play a role in developing capabilities and agency.

9.5 Knowledge as capability, influencing agency

Capabilities have several layers, as has been shown throughout this chapter. We showed that whether the generations can use their endowments and conversion factors in opportunities—and, if so, how they use their opportunities—is based on their levels of agency and freedom. In the following we would like to show a specific example of how capabilities can influence agency and freedom. Knowledge is a capability that has different layers. In chapter 8 we discussed whether the participants can gain knowledge (e.g., at school); and, if so, what kind of knowledge. In this chapter we demonstrate knowledge as an opportunity (*Can you use it?*), and as related to agency and freedom (*How do you use it/Do you want to use it?*). Understanding how families in this region observe their level of freedom, and how and whether they want to use it in making food choices, can help us determine whether, and, if so, how families would like to have support in making (healthy) food choices.

Some of the parents said they have very concrete learning experiences that they can use in

their current diet. For example, the parents often cited their mother as a source of knowledge, but in specific situations they cited their mother as a negative example, and indicated that they act differently from their parents. They adapt their patterns based on bad experiences, new knowledge, or newer products that influence their perceived agency.

Agina (mother): *My mother was pretty easy-going, actually, and I am pretty much the same. We lived on benefits, with many children in the family and a limited budget. It was fairly common to eat things out of cans and jars. Now I know these jars do not contain any nutrients or healthy stuff, so I want to do things differently and not buy cans and jars. We do not always succeed, but anyway...*

Knowledge from other resources can be used critically, and some of the mothers learned that knowledge from the media and school can be interpreted and used based on their own critical perspective. For example, the mothers argued that they feel it is hard to assess the information on food that is now being taught in school. Since there are few programmes that provide structured information about nutrition, they are critical of the contents.

Ellen (mother): *At school the children talked about taking vitamin pills, but I just don't like that. So despite what they learn in school, which are different things all the time, I just decide for myself.*

This example shows how knowledge itself becomes an opportunity that influences agency and the capability to change something, and thus leads to freedom.

A few of the families said they see a dietitian, and consider the information provided by the dietitian as a source for the development of their food choices. Some of the participants said they had adapted their diet after seeing a dietitian; while other participants said they had gained additional knowledge from seeing a dietitian, but do not consistently apply the advice. Anna reported that she has adapted her attitudes towards specific products, while Judith indicated that her family's dietary habits have changed only a little.

Anna (grandmother): *And then the dietitian said that it was not really good for your body, the butter and other fats, well then I started thinking about things a little differently.*

Judith: *Those diets I find such a hassle. And with Benno's diabetes only a few things have changed, but those are just little things.*

Here we observe a clear difference: both of these families have capabilities and agency, but differ in their valuable achievements.

In general, we observed a difference between having knowledge and the manner and time in which the knowledge is used. In most of the families knowledge about nutrition and food was gained from home or through school, but there is debate as to what "good" knowledge is, and how it should be used. This discussion shows that there are families who use knowledge critically and are aware of the wealth of information in their environment. This first step also seems to influence their agency and capabilities in terms of food choices.

Dennis (father, divorced): *I think I make good choices for myself. No, I do not look at all those*

labels. When I buy a packaged meal, or a ready-to-serve dish, I do not look at the label. And then when I have a pizza over the weekend, I do really care about what is in it. I know where to look, but I just don't do it. It may not be a good choice, but well ...I like it haha.

Ellen: But people still eat, they are not necessarily doing something good or bad. You can say a lot about it, but what is really good or not, you actually never know that.

Many of the participants call this knowledge *their own judgement*, which is highly appreciated by the families. While it is often assumed that the families in the region are not very knowledgeable about food and nutrition, the participants indicated that their knowledge and own judgement do support them enough in making their food choices. They said they feel their knowledge renders them capable of making food choices for their families. Therefore, capability, agency, and freedom can also lie in a person's attitudes towards change and his/her willingness to make his/her own choices, as we observed in the analysis of the cultural environment.

9.6 Discussion

In this chapter we showed that the food choices within the household are determined by a diverse set of actors and factors. Whereas the mothers seem to play the most prominent role in the food choice process, it is clear that they are dependent on the capabilities and agency of their children and (ex)partners, and rely on other family members to be agents and to use their agency in the household. The circumstances in which the family members live (endowments and conversion factors, chapter 8) and their values (valuable achievements, chapter 7) established before or during family formation determine their capacities and opportunities. All three generations said they see opportunities in their immediate environment to make the choices they want to make and to gain knowledge about having a healthy lifestyle, but differ in their opportunities to make "healthy" food choices. The differences lie in the families' levels of agency, their use of knowledge, and their ability to cope with financial restrictions, which determine which family members have a say in the food practices. These differences are also determined by the people present in the situation of choice, the family members' social identities, and how these identities are related to their food choices.

Capability of the family members

We showed that the capability of the child and the capability of the parent can complement the family food choices, provided the use of individual resources, the social environment, and the development of agency are balanced, or are at least clear and focused from the parent's and the child's point of view. Generally, however, we observed that how the perceived resources and agency are used complicate the food choice process. While the children can perceive their agency in the household differently than the parents, most of the participants seem to agree that the child is placed before the parent. The father often has a decisive role in food choices, as he tends to have clear preferences and pronounced tastes, leaving the mother to choose between the

preferences and the tastes of the family members. The parents and the grandparents generally rank the choices of the (grand)child higher than their own. For families (parents, children, and, here, also grandparents) Biggeri, Ballet, and Comim (2011b), have proposed the concept of team agency: i.e., that both the agency and the well-being of the children and of the parents (and the grandparents) are at stake. The actions of the adults are often in line with the well-being of the children, and provide the children with agency in later life. We observed this process in the families in this study as well.

Since in many households the children are seen as the starting point in the food choice process, it is essential that we understand how the parents and the grandparents approach their (grand) children. The grandparents and the parents realise that, across the generations, the position of the child in the family has changed. The children have been given a greater say in recent decades, including with regard to food choices. The children have become more critical about what is served to them, because they are more aware of what their choices are. This allows the children to take a fairly strong position in most of the families in the study. Although there are families in which the children have to eat what they are served, the preferences of the children are generally taken into account. The mothers tend to seek the path of least resistance, and the fathers ally themselves with the children or are the reason why the mother takes this path. How this path of least resistance is found and where the limits are set varies across families. The parents' image of the child and their cultural schemas regarding agency and freedom play crucial roles. We observed that the parents and the children are influenced by the roots of the region, in which people strive to have their own voice, and the families acknowledged that this is one reason why the development of the children's voice has such a significant role in the families.

Because the children are becoming part of the decision-making process in the food practices of these households, they can also contribute to the perceived conversion factors, capabilities, and functionings of the families, and can contribute to changes in families food practices (Biggeri & Karkara, 2014). This dynamic and intergenerational process is reflected in complex decision-making processes (Curtis, Stapleton, & James, 2011) in which the opportunities, the capabilities, and the agency of all three generations have to be taken into account in pursuing achievements that are important for the families themselves. We observed in this chapter that the families have opportunities to use their knowledge and their resources (material as well as nonmaterial) to create more capabilities and promote agency among different household members. Although we observed families with similar profiles, they made very different choices because of differences in their levels of agency, their use of knowledge, their ability to change, and their attitudes towards change.

9.7 Conclusion

In this chapter, the children, the parents, and the grandparents talked about their views regarding their own opportunities and agency, and the agency of others in the family, and the wider social environment. We also showed how they use their perceived freedom in practice (based on

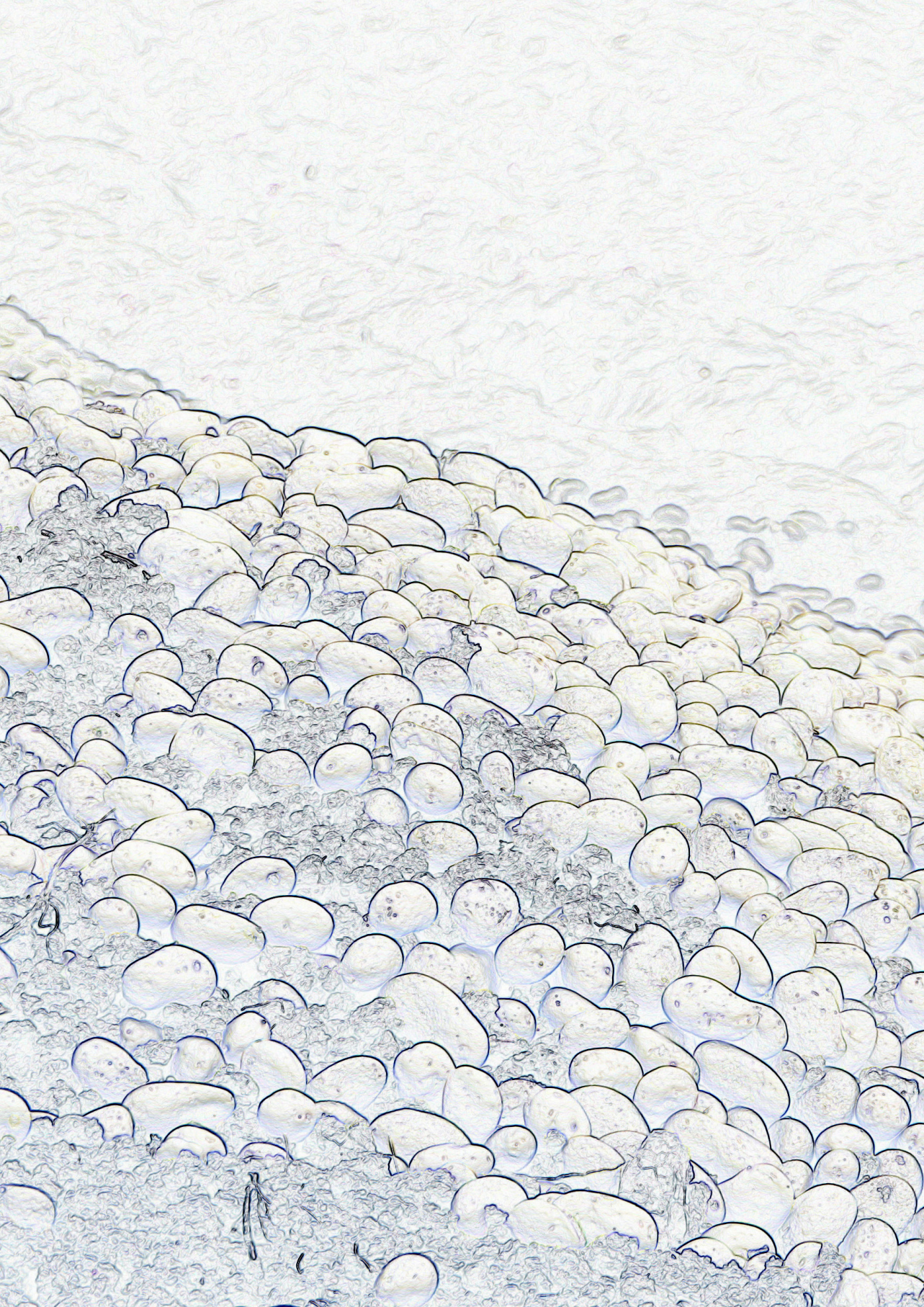
observations and practical situations). It becomes clear that the capabilities of the children are to some extent dependent on the capabilities of others, although the adults also perceive their capabilities as being interdependent.

The data demonstrate that most of the children perceive themselves as having opportunities, and are able to pursue their food choice goals. They see opportunities and capabilities to eat what they like within the context of their family's food choices. Some of the children said they perceive that they lack freedom because their choices are not being heard; their caregivers have a greater influence; or primary conditions, such as personal goods and resources and conversion factors, prevent them from making valuable choices. When we combine the cultural schemas and capabilities and project them onto the food choices in the household, we find a combination of complexity and distinctness in which cultural schemas determine the families' views on agency and opportunities.

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10/ **Perceptions on health outcomes**

10.1 Introduction

In this chapter we discuss the relationship between the food choice and the health status of the families. In previous chapters we discussed the food choice process and the resulting achieved food pattern. We found that when the families make their eventual food choice, they do not always take into account health-related achievements. Still, the health outcomes can become problematic, and play a large role in the current discussions on unhealthy living and overweight and obesity among physicians, politicians, and other parties. In some families there are also discussions about these health-related outcomes. We therefore present their perceptions regarding health and obesity in order to place the families' choices in context. The health outcomes can be related to the *valuable functionings* (chapter 7) and the *actual functionings* (chapter 8) of Sen's capability approach. We therefore answered the following question: *What are the actual achievements and the valuable achievements with regards to health (with a specific focus on overweight) among the families?* These achievements in health may play a role in the development of the sense of physical and social well-being among the family members.

Issues related to the health risks of poor eating habits are frequently discussed among policy-makers and in the media. Experts on overweight and obesity present these health outcomes as high risks for society. But this publicly presented risk differs from the other risks that are described as societal health problems (de Vries, 2007). Whereas tobacco, alcohol use, and drugs are used by a small proportion of the (world) population, all people must consume food on a regular basis. This makes food different from other possibly addictive consumption goods (Boero, 2007; Kersh & Morone, 2002). All people are at risk of obesity, but what varies is the degree of risk.

Evans (2006) emphasises the importance of alternative ways of looking at a body. Whereas physicians believe that the size of the body is important, it is also important to take into account different definitions of health and of feeling healthy, and diverse attitudes about being overweight or obese (Evans, 2006). The way a family experiences health is vital to how they view health advice (Mulder, Rupp, & Dijkstra, 2015; Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010). When eating nutritious, healthy food and avoiding becoming overweight are not perceived as urgent health issues, it becomes more difficult to follow the advice of medical experts and social workers (Bruss et al., 2005; Etelson, Brand, Patrick, & Shirali, 2003; Nsiah-Kumi, Ariza, Mikhail, Feinglass, & Binns, 2009).

When a socially undesirable phenomenon such as obesity is medicalised, interventions appear to be justified (de Vries, 2007). But whether these interventions actually meet the needs of the people, motivate them to act, and provide them with their desired outcomes is often unclear. Previous research has shown that the messages on health and overweight are complex and moralising, and that parents and children have difficulties interpreting these messages (Mulder et al., 2015; Thomas, Olds, Pettigrew, Randle, & Lewis, 2014). Within the family setting the children and the parents find it hard to apply these complex and sometimes contradictory messages.

However, there is very little research on the interactions of children, parents, and grandparents in defining and perceiving health, obesity, and overweight within their socio-cultural context (Thomas et al., 2014). This three-generational perspective on health, overweight, and obesity, and the implications of this perspective for health and overweight in the families, are discussed in this chapter.

10.2 Children – *Perceptions of....healthy food*

All of the themes previously mentioned in this dissertation are associated with a food choice, regardless of whether it is a healthy or unhealthy choice. In this chapter we will continue the discussion of the definition of healthy or unhealthy food based on interviews and conversations with and observations of the children in the region. The most straightforward method to determine what the children perceive as being healthy or unhealthy is discussing the photos they took for their interviews.

10.2.1 Healthy

The children gave an impression of how they define healthy and unhealthy products through a categorisation of the products they photographed. We discussed whether *they* thought the products they photographed were healthy or unhealthy or somewhere in between. In some of the pictures there were multiple products, in which case the children would indicate whether they thought it was a generally healthy or a generally unhealthy picture. According to the children most of the photos represent healthy meals or products, which might indicate the children were mainly focused on photographing healthy food. Below is a selection of photos that represent healthy products, according to the children.



Figure 10.1 Photos of healthy products (according to the children)

When the children were asked to name healthy or unhealthy products, they demonstrated that they have knowledge of and opinions about healthy and unhealthy food. All the children cited fruits and vegetables as healthy products. They also indicated that they generally see bread and many (warm) products consumed at dinner (such as potatoes, pasta, soups, and pancakes) as healthy.

When I asked the children to pinpoint which products in the pictures were healthy products, the following products were named: *cucumber, kidney beans, vegetables, apples, lasagna with spinach, toasted sandwiches, cheese, fruit, cucumber salad, bread roll, butter, bananas, sultanas, broccoli, tomato on pizza.*

The children generally classified a meal as healthy if vegetables were added to a dish, the products consumed were green, and bread was involved. Some of the quotes of the children during these discussions give insights into their definitions:

I: *Which photo would you say has healthy food on it?*

Chantal: *Mmmm, I think this one.*

I: *This one, and why?*

Chantal: *Well, my mom put a lot of vegetables in it and it has not been cooked in butter, which is good.*

Kevin: *The sandwich with cheese is healthy, and the toasted sandwiches. And the picture with fruits. And this one with tea and the cucumber salad. Those are my healthy pictures.*

10.2.2 Unhealthy

The children classified 33 photos as showing unhealthy products. Thus, the number of photos of unhealthy food is considerably smaller than the photos of healthy food. This might imply that the children decided to photograph more healthy than unhealthy food, that they do not eat much unhealthy food, or that they tend to classify most of their food as healthy.

Chantal: *When you look at these photos you would say we eat kind of healthy, but I am not sure... I guess it is not all there, not everything we eat.*

Presented below is a selection of photos the children classified as showing unhealthy foods.



The products the children explicitly classified as unhealthy were: *Met, meat (2x), spaghetti, mince, chips, chocolate pasta, dessert, the cupboard with candy, iced tea, pasta, chocolate, chocolate wrinkles, peanut butter, cookies meatballs, croquettes, hamburgers, pizza, Big Mac*. Chips, chocolate, and certain types of meat were particularly likely to be classified as less healthy.

I: *Could you tell me more about these pictures?*

Denise: *This is a cookie with something to drink. The juice is not that healthy, because it is apple juice with a lot of sugar and I do not think that is healthy.*

Kevin: *And those cookies are healthy, because they are tasty and have raisins, but there is an unhealthy layer of cream on top.*

Denise: *And here we have a photo of satay with peanut sauce and other sauces and frikadellen and kroketten and hamburgers—you name it. All the unhealthy stuff is on the photo...*

I assured the children that I was interested in *their* definitions of healthy and unhealthy, and that they were allowed to determine what was healthy or unhealthy. Children do seem to have some fundamental knowledge about this division in food. Some of the children described a scene or a meal or product that featured both healthy and unhealthy elements, as illustrated by the example given by Annelie

Annelie: *Here [in this picture] I think the sandwich is really healthy and I find the peanut butter healthy, but I do not think that chocolate pasta is healthy.*

It thus appears that the definition of healthy is not straightforward, and is always dependent on the combination of products served to the children. Therefore, it is important to analyse how children classify healthy and unhealthy products.

10.2.3 Classifying food as healthy and unhealthy

In the discussion about the pictures we discovered that many of the children associate taste with healthy or unhealthy products. Some the children categorised tasty food as healthy food, regardless of whether it was healthy or unhealthy. An example of such a discussion is the exchange between the brothers Brian and Michael:

Brian: *But I do not really think gingerbread and cookies are healthy.*

Michael: *but I like them, they are tasty.* Michael then put them on the *healthy* pile.

Thus, although children theoretically possess basic knowledge about the healthiness of products, taste and healthiness were sometimes used interchangeably to characterise a product (when a product is tasty, it is healthy, and vice versa). The younger participants in particular seemed to be confused by these differences.

In this sub-section we would like to elaborate on these classifications of healthy and unhealthy. Previous research has shown that children categorise and rank healthy or unhealthy products in relation to a characteristic of the product. Hart, Bishop, & Truby (2002) found in their research on children and health classification four categories related to healthy or unhealthy food. In my research I found two other categories of healthy or unhealthy products (Food Preparation and Quantity of food). Below we discuss the strategies the children used to classify healthy or

unhealthy products.

Food–health links - Food classification is linked to its association with a specific health outcome (Hart, et al., 2002).

Here the children linked the product they categorised to a specific health outcome, often overweight or obesity. This indicates that the children realise that some products will lead them or (in most cases) other people to gain too much weight, and that being overweight has negative effects on health.

Marieke: Sometimes, when I am in the supermarket, I see people doing their grocery shopping, and I think, “Why would this woman get six or seven bags of chips, those really large bags of paprika chips?” I thought: “She is already fat, she will only get bigger. Chips are making you fat!”

Although this categorisation was mentioned frequently in the conversations with the children, the children themselves indicated that they do not feel affected by the food-health outcome classification, and would not use it to classify the products *they* eat, but to categorize the food-health connection of others.

Food–nutrient links- The classification of a food is linked to its provision of a specific nutrient (Hart et al., 2002).

The children often related a product they classified as being healthy or unhealthy to a nutrient. This implies that the children are aware of the nutrients in food. While they sometimes wrongly associated a nutrient with a product, they showed that they generally understand that specific nutrients can make a product healthy or less healthy (but more attractive).

Dewi: In this picture I think the iced tea is not healthy because it contains sugar, and sugar is not very healthy.

Ricardo: I do not think black beans are healthy, but they are healthy. They do not contain much fat.

Food - Food quality - The classification of food is linked to its fitness for consumption (Hart et al., 2002).

Sometimes the children observed that a product is not fit for consumption because it is, for example, mouldy or rotten. They often categorised these products as unhealthy.

Cynthia: Sometimes you have those rotten things, last time I had a rotten strawberry. I will never eat them again, they are not good for you, they taste bad and are unhealthy.

Some of the children said that these experiences led them to avoid eating the particular product for quite some time, even if the product was in better condition. I heard many of the children talk about a product that reminds them of a previous bad experience with that product.

Food – Food preference- The classification of food is linked to a child's preference (Hart et al., 2002).

The children very often related their classification of the products to whether they like the food. Unhealthy products can spontaneously become healthy if a child likes the food, and other products can become unhealthy if they do not like it.

Aaron: So, you know what I think is healthy? Pizza or pancakes with cucumber and then a tasty sauce. A little unhealthy, with healthy and unhealthy, that I really love.

Dewi: And cheese is unhealthy for me

Interviewer: And why is it unhealthy for you?

Dewi: It is bleh, I dislike it.

Whereas the other classifications are based on their knowledge and logic, this classification is more often irrational. Some the children indicated that they are aware of this irrationality, while others did not.

Food - Food preparation – The classification of food is based on the person who prepared it. Some of the children explained to me that the specific person or specific industry that made the food influences whether they classify it as healthy or unhealthy. These examples are based on emotions as well as presumed knowledge about a product. Pieter indicated that the French fries made by his mother are not as unhealthy as other French fries.

Interviewer: and what do you think is less healthy in this photo?

Pieter: The fries, but my mom prepared them, so that might make them a little healthier.

Priscilla also categorised products according to who produced them, but on a somewhat larger scale. Priscilla: *Well, I think I generally eat healthy. I eat things that have not been in a large factory and that do not have strange ingredients. This makes them healthier. I think that is good.*

Food - Quantity of food – Food is categorised as healthy or unhealthy based on the amount eaten.

The last classification we observed in the children's answers is the classification based on the quantity of food. This category is closely related to the first category, but here the children did not relate the amount of food to a health outcome, but instead said the quantity itself is unhealthy.

Wesley: And this picture I made of the Chinese food we picked up from the take out. My uncle had such a full plate. Really such a mountain of Chinese food.

Stefan: He actually did not want to, but we added more and more. And then we said, we should take a picture of it. But he did eat it all. Actually, that's not really good I think. It must be unhealthy to eat so much food.

The children intuitively observed many differences between healthy and unhealthy products. Table 10.1 shows how the children experience healthy and unhealthy products emotionally, though it is important to keep in mind that this is a very general overview. The analysis of their healthy and unhealthy tastes revealed the following contrast.

Table 10.1 Characteristics of healthy vs unhealthy (children's perspectives)

Healthy	Unhealthy
<i>Not tasty</i>	<i>Tasty</i>
<i>Have to</i>	<i>May have</i>
<i>At home</i>	<i>At other places</i>
<i>Weekdays</i>	<i>Weekend</i>
<i>Fruit/vegetables</i>	<i>The rest</i>
<i>Not fun (ongezellig)</i>	<i>Fun (gezellig)</i>
<i>Energy</i>	<i>Can get you sick</i>
<i>Adults</i>	<i>Children</i>

Table 10.1 shows that healthy products are associated with negative emotions and a certain sense of obligation, while unhealthy products are associated with happy moments and voluntary eating. Some of the children indicated that they also like some of the healthy products they are served and eat them, but most admitted they struggle with consuming healthy food and feel less comfortable eating healthy food. The children thus find healthy eating difficult. They often leave the choice of healthy products to their parents. Yet the times they chose healthy food themselves are remembered as positive experiences.

Aaron: *We usually eat healthy for two days and then one day something else that we can choose.*

Erben: *For ourselves we don't choose healthy food. But once I chose something very healthy, do you remember mom? It was the cucumber!*

In reference to table 10.1, the children indicated that more rules apply to the healthier products (*have to*). Because *the adults* apply *rules* to the consumption of healthy products, the children said they feel forced and more dependent on their parents. This led them to develop negative attitudes towards the unhealthier products.

Dewi: *My mom always tells me to eat another mouthful of broccoli. Sometimes I get angry and tell her that I can decide for myself whether or not to eat it. Sometimes she leaves me alone, other times my father tries to say something. That doesn't help.*

In contrast to the messages above, in the supermarket the choice of unhealthy products is often reserved for the children. Here they are *allowed* to think about the unhealthy products and choose them, while some children are restricted in their choice of unhealthy products in the home environment.

Interviewer: *And what do you choose in the supermarket?*

Chantal: *I always pick a dessert, or uh, or anything, cookies or chips. So I often choose those chocolate puddings and my favourite chips, and then, well some of those nuts. I think those are very tasty.*

Children may feel stigmatised in their choices if they are assigned the role of choosing unhealthy (or unhealthier) products. The interpretation of what constitutes unhealthy food varies by household, not only among children, but also among adults. The products classified as healthy or unhealthy are generally similar within households, but may vary between household members and certainly between households. For example, the family members often disagreed about how to categorise drinks (sodas, fruit juices), meat products, milk, pizza, pancakes, and sandwiches (toast, white or whole meat bread).

But do children use healthy, nutritious products as a functioning (see chapter 7)? The discussion of the data above shows that children are aware of their opportunities and abilities to choose healthy food, but tend to choose less nutritious products as a functioning for their well-being. Whether the children are restricted in their choice of less nutritious meals also makes the choice of a nutritious meal as a functioning less obvious.

10.3 Parents and grandparents – Perceptions of... Health

With the adults we discussed the definition of healthy and unhealthy food in more general terms, but we still see similarities between the adults' and the children's definitions of a healthy diet. The parents indicated that they realise that some of the perceived modern products, such as sauces, the three P's (pancakes, pizza and "patat" (French fries)) are unhealthy; as are some of the more traditional products, such as gravy, butter sauces, and fatty meat. While most of the adults said they consider a traditional meal of *potatoes, vegetables, and meat* to be healthy, one of the mothers said she believes it is healthier to have a more varied diet that includes pasta.

Marie: *To eat one type of food, that is not healthy. So I try to also make pasta or rice.*

In most of the families the adults indicated that they try to consume healthy products regularly. For the evening meal this implies including vegetables and fruits. The parents said they refer to these products when putting together a healthy meal. Most of the adults also said they see meat consumption as important to a healthy diet.

Agina: *But my mother always told me to eat the vegetables, because that was healthy. And so I also tell my children to eat the vegetables.*

Bianca: *I always say that people have to eat, to have energy and concentration. When Michael does not want to eat I always tell him to at least finish his meat. That is important to his health!*

Classification

In the classification of food as healthy and unhealthy, we observed that the adults classified

products by the nutrients of the product, the freshness of the food (fresh vs canned), and the fitness of the food for consumption; but less often by the preferences of the person who prepared it, which are more emotional considerations.

Judith: *Well, I have been raised with the knowledge that vegetables are healthy because they contain vitamins.*

Gea: *She [dietician] taught me to make fresh vegetables now and then instead of canned vegetables. They seem to have more vitamins. I try to do that now.*

Another distinction the parents made is between food and health, although the parents generally focused on the well-being of their children, rather than on their own well-being. They said they worry that the children will get ill or be low in energy if they are not provided with nutritious foods.

Linda: *When people eat unhealthy food their skin looks pale, they have bad energy, and their bodily reserves are low. And the children, with all that candy, they get tired. I guess I also see that in my children.*

Health and the household

When unhealthy or healthy eating was used as a starting point in a conversation about food choices, many of the parents and the grandparents agreed that it is important for the family, but that it is not a priority at all times. In the interviews the parents and the grandparents consistently talked about what is healthy “for the children”, and less about what is healthy for themselves. In this study we observed that, with age, people seemed to become less concerned about their own diet. The families said they determine for themselves how they organise their diet and whether their eating patterns are healthy or unhealthy. The families said they are mostly concerned about their own children and their own diet.

Yanna: *Occasionally I let it go, it cannot be healthy every time. Sometimes you have no time and then you just make a sandwich, or pancakes or ready-to-eat pancakes. That does happen.*

Generally, the women indicated that they are more concerned about healthy food than the men. Both the men and the women confirmed that they have a role in the discussion on healthy diets. The women reported that they are more likely than the men to think about the healthiness of a meal and to push the children to eat their vegetables. These roles, as discussed in chapter 9, also influence how the children cope with their food.

Harm: *I am not as concerned with the healthy food, I guess we get what we need. I try to focus on what I and the children like.*

Dorien: *That is the problem, If I did not think about it, I think we would mostly eat potatoes and meat and the other meals would be toasted bread and pizzas.*

Healthy eating is generally perceived as a process that takes more time. “Unhealthy” food is

considered to be quick and easy to prepare by both the parents and the children, and is therefore seen as an alternative when there is not enough time and desire for 'healthy' cooking. These considerations can take the upper hand.

Anja: When he has to cook (dad), we get really strange combinations. It's a schnitzel between a sandwich and that's it. And with him that is pure laziness. But it is something I also tend to do at the moment, to be quite honest.

Within households, similar products were classified as healthy by the parents, the grandparents, and the children. Although the participants gave similar definitions and classifications, we detected differences between the adults and the children pertaining to the emotions and the subjectivity associated with the classifications. The children often made classifications based on the experiences they have with specific foods and the emotions they feel in association with healthy or unhealthy products.

The definitions of health also differ between the generations of the grandparents and the parents. Although most of the families are traditional eaters, the parents make use of more modern facilities.

Janka: Well at the farms you can get potatoes as well as red cabbages and white cabbages. And my mother-in-law seems to think it is healthier to get food from the farm than from the supermarket. But I suppose I do not have that habit. In Winschoten we can get all that stuff from the grocery store and that is where I get my things.

Households in which the parents and the children indicated that they agree on choosing foods on a more emotional basis tend to have less healthy food patterns. Whether the definitions of healthy/unhealthy food of the children or the adults are dominant depends on the roles of the household members in the food choice and the perceived knowledge of the household members. Some of the households reported that they have rules on the quantity of healthy and unhealthy food, while other households said the members are free to choose whether they eat unhealthy or healthy food. Some of the household members said they agree that nutritious meals should be a functioning for the household. In other households the family members said they do not agree with this achieved functioning, and that they prioritise other functionings instead.

10.4 Overweight and obesity

Although it may not be a valuable choice, being a certain weight may influence the food choices people make. Table 10.2 shows the bodily outcomes (antropometry) of the families in the study, which might be related to food choice. This information gives an indication of the BMI and waist circumferences of the household members. We can distinguish the people who have healthier indicators from those who have less healthy indicators. The green colour shows the parents and the children who are meeting the "healthy" standards. The blue color represents the participants with measurements who fall within the "unhealthy" categories (for the cut-off points and guidelines, see chapter 3). The overweight and obesity cut-off point for children differs by age

and gender, but ranges between 18 and 25 for overweight and 25 and 30 for obesity (Kist-van Holte et al., 2012). For adults the cut-off point for is 25 for overweight and is 30 for obesity. The cut-off point for waist circumference is also age- and gender-sensitive, but range between 50-89 cm (Fredriks et al., 2005). For adults the cut-off point for overweight is 80-88 cm for women and 94-102 cm for men, and the cut-off point for obesity is above 88 cm for women and above 102 cm for men.

Table 10.2 Measures of length, weight, and waist circumference of the families

Family Adema	Length	Weight	Waist circumference	BMI
Father	1.96.3	97,4	94.2	25.2
Mother	1.72.6	75,3	80.2	25.4
Child1 (age 14)	1.67.3	62,8	71.3	22.5
Child2 (age 11)	1.59.4	52,2	63.8	20.7
Family Bakker	Length	Weight	Waist circumference	BMI
Mother	1.76.1	72,1	78.3	23.2
Child1 (age 8)	1.38.5	36,7	58.1	19.3
Child2 (age 5)	1.20.8	23,4	51.7	16.3
Family de Groot	Length	Weight	Waist circumference	BMI
Father	1.82.6	94,3	100.3	28.4
Mother	1.80.2	98,9	102.7	30.6
Child1 (age 12)	1.74.4	59,5	70.1	19.6
Family Foekema	Length	Weight	Waist circumference	BMI
Mother	1.75.6	68,3	77.4	22
Child1 (age 11)	1.68.4	70,4	71.1	24.8
Child2 (age 8)	1.42.2	34,4	58.3	17.1
Family Havinga	Length	Weight	Waist circumference	BMI
Father	1.81.3	116,8	110.3	35.7
Mother	1.69.7	99,1	103.8	34.3
Child1 (age 10)	1.42.3	32,5	60.3	16.1
Child2 (age 13)	1.59.4	47,6	64.4	18.7
Family Hofman	Length	Weight	Waist circumference	BMI
Mother	1.78.9	104,8	96.4	32.5
Child1 (age 9)	1.43.1	31,1		15.2
Child2 (age 6)	1.23.3	22,9		15.1

Family Kloosterhuis	Length	Weight	Waist circumference	BMI
Father	1.73.8	71,6	92.7	23.8
Mother	1.70.3	73,2	82.6	25.3
Child1 (age 12)	1.62.4	50,4	61.3	19.1
Child2 (age 10)	1.43.6	36,2	56.4	17.6
Family Lukkien	Length	Weight	Waist circumference	BMI
Father	1.78.7	78,8	93.2	24.7
Mother	1.74.3	80,3	83.3	26.4
Child1 (age 13)	1.58.3	51,4	66.5	20.5
Child2 (age 11)	1.51.8	55,3	71.2	24
Family Niewold	Length	Weight	Waist circumference	BMI
Father	1.84.3	98,6	-	28.9
Mother	1.72.1	75,6	84.2	25.7
Child1 (age 11)	1.59.5	55,1	72.4	22.3
Child2 (age 9)	1.44.8	39,2	57.1	18.7
Child3 (age 8)	1.41.9	36,8	54.2	18.3
Family Oosterhuis	Length	Weight	Waist circumference	BMI
Father	1.81.8	88,3	96.4	26.6
Mother	1.79.3	82,8	84.8	25.9
Child1 (age 15)	1.65.7	59,6	69.3	21.7
Child2 (age 13)	1.63.5	56,2	67.9	21
Child 3 (age 10)	1.51.2	50,1	64.8	21.9
Family Rubingh	Length	Weight	Waist circumference	BMI
Father	1.89.3	90,4	94.5	25.2
Mother	1.72.4	79,3	82.7	26.7
Child1 (age 14)	1.63.5	61,4	76.8	23
Child2 (age 11)	1.38.8	31,8	60.5	16.5
Family van der Vaart	Length	Weight	Waist circumference	BMI
Father	1.90.1	95,7	94.8	26.6
Mother (stepmother)	1.71.8	65,1	75.1	22
Child1 (age 11)	1.58.4	59,1	69.8	23.6
Child2 (age 9)	1.48.8	34,9	53.3	15.8
Child3 (age 6)	1.36.7	60,2	60.2	19.3

Family: Westra	Length	Weight	Waist circumference	BMI
Father	1.72.8	90,6	102.2	30.2
Mother	1.64.4	83,4	94.2	30.9
Child1 (age 10)	1.44.2	33,8	56.4	16.3

Of the 27 children I took measures from, nine are overweight. In the group of parents (23 in total) 12 are overweight and six are obese (based on their BMI).

Based on their waist circumference, seven of the parents have a high health risk, and 11 of the parents have a slightly increased health risk. The waist circumference for children is a debated indicator of overweight, but based on the cut-off points for waist circumference the children with a high BMI also have an above average waist circumference.

The BMI outcomes show that, in terms of these measures, two-thirds of the family members in this study are considered unhealthy and at risk of developing diseases such as diabetes. In the next sub-sections we show our results from the discussion with the children and the adults about obesity and overweight.

10.4.1 Children – Perceptions of ... Overweight and obesity

As we showed in the previous sub-sections, most of the children understand the association between the healthiness and the quantity of the food they eat and negative health outcomes such as overweight and obesity. In addition to talking about their perceptions of healthy products and of choosing healthy products, they also shared their perceptions of overweight and obesity. These discussions were often closely linked.

Children – About themselves

When we look at how the different generations talk about obesity we can see that the awareness of obesity varies by generation. The interpretation, the impact, and the consequences of obesity seem to be less of a concern or consideration for the younger and the older generations. Of the three generations we interviewed, the parents were most concerned about overweight and obesity. The children indicated that overweight and obesity is not a general concern for them and their peers, and that it is not a (daily) topic of conversation.

Kelvin: [And do you talk with your parents about being overweight?] *Well sometimes, but I am not really concerned about it now. Maybe later, when I am older, because now I can eat anything.*

Overall, the children seem to be reasonably happy with themselves and their bodily features. The children said they define a healthy and fit body as an average body, with maybe some fat, but not a substantial waist circumference. Having a big stomach is most closely related to being overweight or obese. Mark and Erben explained why they consider themselves to be of average size.

Mark: *I think of myself as a bit heavy, but average, I am fine now. I do not have a belly.*

Erben: *I have an normal body, I think*

I: *What would you say is normal?*

Erben: *I would say I am just right as I am now. I used to be fat, but I am not that fat anymore.*

Particularly among boys, having a somewhat bigger body can be associated with positive characteristics, as Aaron explained:

Aaron: *Yes, and you also have to be a bit big and tough, that's not bad.*

The youngest generation in this study indicated that, although they are generally not worried about the physical consequences of being overweight or obese (being healthy or unhealthy), they are worried about their physical appearance, with the girls being more likely than the boys to say they think about their *own* appearance. Some of the children said they are worried about their appearance and have asked their parents whether they are overweight. The confirmation of parents and friends is very important for these children, and is often seen as reassuring.

Marieke: [And what do you think about your own body?] *Well, sometimes I don't know and then I ask I ask my mom whether I am fat or not. But she says I am not fat. And none of my friends think I'm fat, so I guess I am not.*

When the children spoke about themselves they often focused on their appearance and less on the healthiness or unhealthiness of their bodies, mainly because they have not observed any consequences for their body (yet). Thus, they appeared to minimise the impact and consequences of overeating for themselves, and said they do not consider being overweight or obese to be a problem.

Denise: *I do not mind healthy or unhealthy food. I'll stay in shape. I can eat quite a lot on one day and never gain weight.*

The children also indicated that they are less concerned by the consequences of overeating if it is not currently affecting their body. This observation was made by all of the generations, from younger to older people.

Children – About others

Whether the children indicated that they see others as fat or obese often depended on their relationship with this person. Strangers or people the children had negative experiences with were more likely to be characterised by their appearance than friends or relatives. The children tended to be more sensitive in their judgments of people they liked. We observed that if a child knows someone who is overweight but likes this person, he/she often cited a positive characteristic of this person or emphasised his/her relationship to this person.

Annelie: *Well, my friend is a little fat, but, I do like her.*

By contrast, Michael talked about a boy in his neighbourhood he does not like, and characterised

the boy by his obesity.

Michael: *And that guy is very stupid, because he teases everyone and does all kind of things he is not allowed to do. You should not get as fat as he is, that's not good! He is so evil!*

For others a *little bigger* seems to be the right standard. The children appear to have set their standard relative to the relationship they have with the person in question.

The children indicated that they are aware that an unhealthy food pattern can cause overweight or obesity, but were more likely to observe this causal relationship in others and less likely to make this connection between their own behaviour and their physical growth. This indicates that the children are less aware of the control they have over their own behaviour. We can conclude that the children relate overweight and obesity more to physical appearance than to health outcomes. The children were also more likely to characterise others as overweight or obese if they assign negative characteristics to this person.

10.4.2 Parents – Perceptions of ... Overweight and obesity

We observed the largest differences in perceptions of overweight among the parents. The first group of parents indicated that they are not generally concerned about (over)weight among themselves and their household members, but said they see it as a problem outside of the household. The second group of parents indicated that they care about the eating habits and weight of their children, but less about their own diet and weight. The third group of parents said they are concerned about both their own and their children's health and (over)weight.

Parents – About themselves

Among the parents we observed considerable variation in how they perceive their bodies and how they act on their perceived (over)weight. Some of the parents said they are satisfied with their body and do not care about being overweight, even though they are overweight or obese (as measured in height and weight). They claimed that their well-being is not related to their appearance or weight, and that they are not interested in what society thinks about their body.

Judith: *Well, I feel fine. I never worried about my weight, it is not a conscious act. I do not think it is very interesting, weight, it doesn't hold me back. I feel good about myself.*

Apart from these parents, we also spoke to parents who said they are concerned about obesity and their appearance, but found it very hard to regulate their own behaviour. The mothers reported that they find it difficult to control their sweet cravings, while the fathers indicated that they often overeat by having an extra meal. In addition, the mothers said they find it hard to resist snacking because they spend more time at home. This group of parents said their appearance and health are important to their well-being, but they also said they have the freedom to adjust these values if they cannot reach their goals.

Dorien: *I am still overweight. I gained that weight again, because I sometimes cannot resist sweets. And the air is not making me heavy!*

Tammo: *Sometimes I catch myself eating some of my children's leftovers. It is a pity to leave it there.*

A relatively small group of parents said they consciously consider their food, their weight, and their health. The relationships between feelings of well-being and health, and healthy growth and nutritious meals inform their thinking. For these parents the freedom to choose nutritious food overrides the freedom to choose unhealthy, fatty food.

Linda: [Do you prefer healthy food and healthy cooking?] *Yes, that's even unconscious behaviour. I dislike those fatty morsels and unhealthy things, and that is perhaps closely related to my fear of becoming fat.*

Gea: *Yes, I think it's important that you keep an eye on your weight, because as you get older there will always be that extra kilo. But I do not want to be a mother who spends all day hanging on the couch pathetically because there is nothing you can eat. And it often has no effect. However, we are aware of our weight.*

Yet it appears from Gea's statement that even within this group, the role of healthy food has limits. Interestingly, the participants who spoke explicitly about their views on obesity and body image are mainly women. The men (the fathers and the grandfathers) showed little or no concern about this issue. When I talked to the fathers, they said they see health and overweight as women's issues. The men said they are generally satisfied with their body.

Parents – About their children

Most of the parents said they think it is important that their child is not overweight or obese. They particularly discussed the social problems an overweight child may experience. The concern for the child is not primarily focused on health, but on how the child is perceived in his/her social environment. This concern is twofold. First, the parents said they worry that their child is missing out on things, and that they therefore try to ensure that their child gets to eat the same products as his or her friends.

Harm: *I know Bouke likes to eat chips and chocolate bars with his friends, that is what they buy when they go out in the city. It is part of his closeness with his friends, so you do not want to stop him from doing that.*

Lilian: *Sometimes I realise I am easy to convince, because I still find it very important to take care of my children. Then they are still allowed those few candies after dinner, even though they have not eaten enough during the meal actually. That is sometimes frustrating.*

Second, the parents said they have to ensure that their child is not or does not become overweight, because of the negative consequences being overweight may have for the child. Balancing out these two approaches based on "care" also determines the value that the parents

assign to a food choice, as previously indicated. Linda in particular voiced her concerns.

Linda: Well, I think my son is on the chubby side, and that has to do with his physique. [Why are you concerned about that?] Well in the first place because it is not healthy and I'm also very much concerned he will be bullied because of it. And that he cannot participate in this gym class and that he cannot wear all the clothes he would like. That's what I want to save him from.

Apart from their perceptions about care for the child, the parents indicated that their views on their child's health problems and/or appearance may be different from the perceptions of others, including medical professionals. Some of the parents said they are not sure what they should do about the behaviour of their children, and indicated that it is always different from what the professionals "preached". They observed that there is a fine line between giving the children what they need, correcting them, and allowing them to be responsible for themselves.

Agina: And obviously I look at Stefan from a different perspective than the doctors. He's still my son, and when I know I'm not necessarily doing anything wrong, then that's it. Yes, you feel attacked when they tell you he is unhealthy. You can see that he has grown, but you can do little about it.

Tammo: She [daughter] doesn't know when to stop eating and I don't want to deny her that food. It is a pattern and at some point we just have to intervene, which I find difficult because on the one hand I feel she is growing, so I just think she is really hungry, I do not know.

Dorien: We notice that Bouke is growing. But well, you do not want to be on top of that all the time. I do not think that works for him. [...] During meals they can eat whatever they like, they have to grow, you know, they have to get strong and hardy. It's better not to intervene too much, he will be fine. At first he was angry because he could not stop, but now he begins to understand how it works. Now that he is older and he knows it is because of the food that he no longer can fit into his pants. He has accepted that now.

In these experiences we hear about the parents' constant struggle between their love for their child, their concerns about the health of their child, and their confusion about whether they should follow their own strategies or those of others. The image of the child also plays a role. The answer to the question of whether their child is getting too big will be different for every parent. Clearly the parents find it difficult to answer this question about their own child. The care of the child is a priority, as is evidenced by Tammo's remark about the difficulties in determining where the boundaries lie between overeating and the child's growth. Furthermore, the parents expect the children to eat a considerable amount to stay healthy and grow. That is why certain parents said they have decided they will not consider the appearance of their child as an indication of their level of well-being.

Francisca: I try not to be too focused on appearance. I also try not to reward with food, because I think the children will associate it with moral rules: when I'm doing something good then I may eat and when I do something wrong, I cannot eat.

During my visits with the families we often discussed food, health, and overweight. Especially during the anthropometries we often discussed weight. As it became apparent that the parents are most interested in the weight of their children, we also talked about why the weight of the children is so much more important than their own weight. All of the issues mentioned above are also visible in these observations:

From my field diary: *Today I first visited the family of Chantal. Yanna (mother) already indicated that the health services at school had asked her to visit their office because of the height of their daughter. The whole family is tall, but Yanna did not want her daughter to go to the health services. She said: “She will be tall anyway. She can eat whatever she wants, I could do that as well when I was younger. When I turned 18 I started to gain weight, maybe Chantal will too. I don’t know, and I don’t care at the moment. She is doing fine”. Chantal tells me that she feels fine with her height and weight. Yanna thinks she (herself) could cut down on her chips, but she doesn’t want to.*

Then I cycled to the house of Dewi and her family. Dewi is a short and slim girl, and her parents are both obese. Apparently Dewi’s diet has not really affected her weight. Ciska (mother) thought it was not very interesting that she was too heavy herself. She said she knew it anyway, but was not really in a position to do anything about it now, since she was also sick.

Lastly I visited Mark and his family. He and his sister have a normal weight. The parents on the other hand were obese. Mark’s father is diabetic, caused by obesity. They are now trying to change some aspects of their diet, but “apparently it’s not enough”. Judith does not quite know where it comes from, their obesity.

Parents – About others

Almost all of the parents said they believe that, except when their children are involved, it is not their place to comment on the physical health or appearance of family and friends or strangers.

Agina: If someone is overweight or fat, then you should not get involved. That is not the task of the outside world. And who would determine if you’re fat? I would find it quite annoying.

The parents pointed out that outsiders cannot know the cause of or offer solutions to other people’s problems. They also differed in their assessments of when being overweight becomes a real “problem”. Several of the parents said that caring for their own household keeps them busy, and that they do not have time to worry too much about the weight problems of other families or friends.

Harm: I am always open to the problems of my friends and I help them wherever I can, but I guess these kinds of issues are private, people decide for themselves what to eat.

10.4.3 Grandparents – Perceptions of ... Overweight and obesity

As we have seen throughout the results presented in the book, the grandparents hold a special position within the families and across the generations. In terms of overweight and obesity, most of the grandparents described themselves as 1) being less concerned about their own

appearance than the younger generations; 2) feeling less responsible for the weight of their (grand)children; and 3) (like the other generations) feeling that it is not their place to comment on the weight of others, especially having observed how levels of overweight and obesity have changed over the years.

Grandparents – About themselves

Generally, the grandparents said they do not prioritise their physical appearance, and feel they lack the energy and the motivation to change their diet at their age or time of life.

Roelfien: No, yes, I've been on a diet and then you always plan on doing it again... Then you say, we start at the first of January. The second week you will have New Year's visit here or there and then you already lost your motivation. So I'm not worried about it. I am as I am and that's it.

All of the grandparents in the study indicated that, as they have gotten older, obesity has played less of a role in their life. Their body image has changed or has become less important. They are thus less concerned about how healthy or unhealthy their food choices are, or about social norms regarding diet.

Anja: And I know my lifestyle is unhealthy, but I find it less important.

Roelfien: Because I'm a very easy-going type, I often do not even think about food. I often do not feel like eating, it's not that important. That is a point of improvement though, vegetables and healthy things, but I'd rather have a bowl of porridge, that's enough for me.

The grandparents said that they accept their own patterns, and that mustering the energy to change their patterns and adopt a healthier lifestyle has become less attractive. They believe that they have little responsibility for the lifestyles of their children, now that the children have moved out. The participants said that caring for themselves is markedly different from caring for others. They added that 'nobody' considers self-care important at this age, and diminished its importance.

Anna: I myself eat less fruit and you become a little easier. I become easier. Not that every day I go to the chip shop or something, but ...I do not consider it as a "must" anymore.

Grandparents – About their grandchildren

The grandparents said they are aware of their grandchildren's physical appearance, and whether their meals and behaviour are (un)healthy. Although both the parents and the grandparents contribute to the food patterns of the grandchildren, the grandparents all agreed they are less responsible for overweight or obesity among their (grand)children. This responsibility, together with ensuring that the children have a healthy diet, was assigned to the parents. The grandparents said they consider themselves to be a little more objective in the interpretation of the health behaviour and appearance of the grandchildren than the parents, but that they still found it hard to interfere with or change the diets of their (grand)children to prevent them from

becoming overweight.

Erna: And my grandchildren are easily pleased, they are very fond of all the food I serve them. Generally, I give them everything they like and sometimes I act a little more responsible, haha, and well, then they are served fish sticks.

Some of the grandparents indicated that they have observed that their children do their best to encourage their grandchildren to eat healthy food and check whether the food is healthy, but they also observed that more families are living in circumstances that negatively influence the habits of the (grand) children. For example, Rika referred to the divorces in many families. Rika said she feels that due to these circumstances the food choices can be outside of the control of the parents.

Rika: Look, those kids, so many couples get divorced these days. And one will eat more when he or she experiences stress. I see this with my grandchildren. Annelie has grown a lot, but there is a reason for that.

As we noted earlier, the grandparents reported seeing major changes in dietary habits over the generations. As Rika also observed, the circumstances of families have changed, as have the assortment of products and the quantity of food.

Grandparents - About others

In line with the responses of the parents, the grandparents said they do not perceive the need or feel the responsibility to intervene in the lives of other in terms of their weight. The grandparents indicated that the attention given to obesity and overweight has increased over the decades, and that the knowledge about the consequences has grown. However, they consider maintaining a healthy weight to be primarily an individual responsibility.

Roelfien: Because here, in my village, you see them every day, a few families that are too fat, three generations, and you think ooohhh, what a pity, they have no example or no drive.

From my field diary: *Grandma was watching “Help, my child is too fat” when I came in. Both grandparents always watched this show on television and they always thought it was strange people did not take their responsibility. Later in our conversation we did talk about her overweight and she smiled and said: “Well I have also not been this responsible, it is always easier to notice other people being overweight or obese”.*

The grandparents observed that overweight and obesity are problems in society and their environment. However, their relationship to healthy food choices for themselves and their grandchildren is seen as separate from this societal issue. The grandparents indicated that they are less concerned with their own appearance and healthy food choices, and that it is not their place to monitor the weight or eating habits of their grandchildren.

In conclusion

The results highlight that different generations within a single household can have diverse views on health, overweight, and obesity. The children relate overweight and obesity to the body shape and the characteristics of a person, while the adults tend to relate weight to health. Although the children are not very concerned about overweight or obesity, particularly when they do not see any physical changes related to their diet, the grandparents are even less concerned about overweight and obesity. The parents are concerned about the health and the weight of their family members, but are less likely to be concerned about their own health and weight.

10.5 Interventions

In the Netherlands, including in the Oldambt region, there are initiatives to encourage people to make healthy food choices and reduce rates of overweight and obesity among specific groups, such as children and mothers. During fieldwork we discussed the experiences with prevention and intervention initiatives in the region. Many of the parents and the grandparents I spoke to could not name initiatives on healthy lifestyle and food, except for some short food projects in their children's schools. In discussing these initiatives, it became evident that most of the parents and the grandparents do not know what an intervention or prevention activity is.

Judith: *[Are you familiar with any programme on food, organised at school or in the municipality?]*

No, no, I really wouldn't know.

Bianca: *No I have never heard about these projects. Only the things that happen through school, such as breakfast at school once a year, the one I just told you about. I think that is an initiative of the municipality actually. But other than that, I have never read about anything in the local newspaper.*

The information provided about these projects and initiatives seems to be focused on certain groups, and has not reached these families through their normal sources of information. Thus, most of the parents said they are unfamiliar with the goals of these projects. Other parents and grandparents indicated that they have heard about initiatives and projects, but not in their own communities.

Dorien: *I heard about programmes, but the children at our school do not have that. At the play group for toddlers [peuterspeelzaal] they do some things that are organised by the municipality, but they stopped that programme because it cost too much money. They supplied fruits to the play groups, but that stopped.*

Impact prevention and intervention

A few of the families said they have experience with initiatives related to food outside of school. A few of the mothers and some teenagers said they know about the cooking clubs of the activity centres in the region. The clubs are seen as a fun and accessible afternoon activity. But

the children who participated said they did not learn much about *healthy* foods at the clubs, although they did acknowledge that they learned about *new* foods.

Mark (child): *I participated in the cooking club once and that was really nice. Each time you meet up with the other children, and it is nice you have something to do and help in the kitchen. And you get a recipe book that my mom can use at home. She sometimes cooks some nice things from the book. [I: So you got to eat some things you did not eat before?] Yes!*

Maria, who organised these cooking clubs, acknowledged that these activities are meant to be fun. The central focus is on the children, but Maria said it is also important to involve the parents. Therefore, in the last cooking lesson family and friends are invited.

Maria was again very enthusiastic about this cooking club and I asked her why she thought it was a success. She explained it served mostly social goals, and that she hoped there might be some impact on the food situation at home. The cooking clubs create a cozy [gezellige] atmosphere with regards to cooking and tasting, and cooking together was one of the main aims, because most of the children are not used to preparing and having a meal together at the table. When the parents are invited for a meal, in the last lesson, they are always surprised at what their children are eating, because they never eat these foods at home. Maria is therefore not sure about the impact at home, but at least the club allows the children to have some fun meals together. Also, most children I speak to during the cooking clubs say it is a fun activity with friends. It is nice that the activity entails food and eating, but food does not seem to be the main topic of discussion among the participants.

One of the mothers observed:

Agina: *At the activity centre they do have one project on food and I once helped with that project, they call it the cooking club [I: Oh yes, I know that project] I think the children had a lot of fun at that group and they learned some new things about cooking.*

Another project that was recognized by participants was the mothers' group, which is organised in Winschoten. It mainly attracts mothers with few social contacts and a low income. The mothers meet twice a month and, although the groups focus on gaining knowledge, agency, and managing with limited resources, food choice is a recurring theme.

The mothers who participate in the mothers' groups said these groups support them in managing their money, including their food budget. One of the mothers attending a mothers' group talked about the impact of the group on her views on cooking. Mother: *Through the joint dinners we organise sometimes I also notice there are some recipes that I would like to try at home. Because you can see and taste the food and then can ask how the other mothers prepared their food, it is possible to try it yourself.*

The families said they find these initiatives accessible, and said they consider it important that the initiatives are fun in addition to promoting health. They noted that participation in these projects

broadens their perspective on the different kinds of food available, and has allowed them to get to know new products. Not all these initiatives are recognised as lifestyle interventions, and the families pointed out that while these initiatives have not led them to adopt a healthier lifestyle, the projects have influenced them in choosing food, and have enhanced their opportunities and abilities in choosing food.

One project that started right at the end of my fieldwork in this research was an *overweight club* in the activity centre for girls who are overweight or obese. Because the goals are specifically focused on losing weight and doing sports to lose weight, all of the social workers agreed it is hard to keep the girls motivated.

Maria: The group of girls who started are now struggling a bit. They tend to give up and cannot make the changes needed because they have other priorities and other problems. The three girls with whom we started the club were, unfortunately, the first to drop out. This might have been because they are forced to confront being overweight.

Mrs Lenting: Both the girls and their families need to be motivated. When the family members say: "Why would you take part in such a girls' club, that is nonsense", it is hard for the girls to stick to their diet and exercise plan. I often see that the children or youngsters do not have a home environment that supports their desire to lose weight. Many of the girls in this project dropped out because they did not get much support from their environment. Some also do not dare join.

Here we also see the recurring theme of intervening in each other's worlds: i.e., what degree of intervention is allowed, is necessary, and is in line with the needs of the target group. The participants said they do not want or feel the need to intervene in each other's choices, and stressed that any efforts to intervene that are undertaken should not be derogatory or generalising. The context and tone are very important, as the participants also explained in chapter 8.

Dorien: You know everything about each other, but you will definitely not interfere with each other's choices.

10.6 Discussion

In this chapter we gave an overview of the views of all three generations on health, overweight, and intervention. We also took into account the perspectives of some of the health professionals in the region.

Health

The perceptions of healthy and unhealthy meals were described in order to explain why some families would choose a nutritious and healthy meal as a valuable achievement for their food pattern and for their well-being in general, while other families would not. First, although the definitions of nutritious meals seem to be based on knowledge obtained across all three generations, the definition of a healthy and nutritious meal differed by generation. The definitions

across all three generations differ by the characteristics of the food, such as the nutrients, the products, or the processing. In a review of qualitative research on healthy eating, Bisogni, Jastran, Seligson, & Thompson (2012) found comparable complexities in the definition of healthy diets. In our study we compared the healthy food definition in a three-generation perspective, and found that the grandparents and a share of the parents perceive as healthy traditional products such as potatoes, stews, meat, and vegetables like kale and cauliflower. Other studies found that vegetables and fruits are defined as being healthy, while meat is not (Margetts, Martinez, Saba, Holm, & Kearney, 1997; Paquette, 2005). Some of the parents said they have intergrated a larger variety of imported products, such as pasta, into their definition of a healthy diet. Traditions play an important role in the definition of healthy foods, especially among the grandparents. The children are quite knowledgeable about healthy products, but are more likely than the older generations to confuse health with taste. The children allocate more negative characteristics to a healthy diet than to an unhealthy diet (Bisogni et al., 2012; Sylvetsky et al., 2013). Second, the parents and the grandparents are more sensitive about the societal norms of healthy diets, although the grandparents are less concerned than the parents about how their diet is integrated into family life. Still, we observed among the parents large differences in the definition of health and in how they put a healthy diet into practice. The boundaries between healthy and unhealthy products differ between families. The mother still plays the most prominent role in ensuring that the family members have a healthy diet. The classifications and the definitions of health provided by the participants show that the definitions are based on knowledge, but that the classification of healthy and unhealthy food can also be made based on emotions, which turn into cultural schemas that are used in choosing food. These complexities in defining versus acting on healthy eating have been observed throughout this thesis, and are also confirmed in other studies (Andrews, Silk, & Eneli, 2010; Pocock et al., 2010). Whether the classifications of the family members result in choosing healthy food as an achievement for well-being also depends on the definitions and schemas that are used.

Overweight

Another dimension of healthy growth that we discussed in this chapter is a “healthy” weight. We discussed whether and how household members perceive this as an important achievement for their well-being, and conclude that all of the generations make a link between healthy eating and overweight and obesity, but respond differently to the impact of obesity and body image on their subjective well-being. Within a single family household, the children, the parents, and the grandparents often have the same perceptions of overweight and obesity, although there is more variety among the parents, who focus more on the risks associated with the condition, not for themselves, but for their (grand)children (Daddario, 2007). In general, the parents and the grandparents said they consider maintaining a healthy body weight more important for the well-being of their (grand)children than for themselves, although the children themselves are not often very concerned about their weight. To the extent that the children are concerned about their weight, they are mainly worried about their physical appearance and the social impact of

their physical appearance (Rees, Oliver, Woodman, & Thomas, 2011). The children claim that a “little fat” does not negatively affect the physical health of a person and his or her appearance, although the girls are more concerned about their appearance than the boys. Not all of the children understand the link between eating food and being overweight, because they “can eat anything they want”, without gaining weight. We observed that the children are more or less likely to see overweight and obesity as being unhealthy based on the characteristics of a person. These findings confirm the observation that children consider health-related achievements in different terms than adults, and that their perspective is more likely to be based on emotional reflections.

Within the group of parents, we observed larger differences. One group of parents indicated they are not concerned with having a socially approved body weight as an important achievement for their well-being. To their children as well as to themselves their appearance and weight are not a priority. Other parents said they are concerned about their children’s weight and are less concerned by their own weight. The last group of parents indicated that they see having a healthy weight as an important achievement for all family members. This variation in perceptions of obesity is related to the importance of outward appearance, the degree of freedom the parents give the child to make his/her own choices, and the role of “care” in the family. Other research has also shown that parents focus on both the social and the physical implications of overweight and obesity, while children only focus on the social implications (Thomas et al. 2014). Parents also negotiate happiness over weight (Syrad et al., 2015). Because we also included the grandparents, we could examine how other family members play a role in families’ thinking about overweight and obesity. Although the grandparents said they are concerned about the social implications of overweight and obesity for their grandchildren, they added that their perception of a healthy diet does not influence what they serve their grandchildren. The grandparents often said they are satisfied with their outward appearance (regardless of whether they are obese) and are less concerned about having a healthy diet, because food issues matter less in old age.

Healthy or “good” food can be seen as independent of obesity and its consequences. The parents often find it difficult to determine whether a child is eating enough to grow, or whether he/she is eating too much. This fine line makes it difficult for parents to determine if a behaviour is healthy or unhealthy. The love for a child can be more important than the regulation of the child.

How a community experiences health is vital to how they follow advice (Bisogni et al., 2012; Thomas et al., 2014; Thompson & Kumar, 2011). If a health condition is not perceived as a problem, it is difficult for people to follow medical advice. People’s considerations are mainly based on their perceptions of health and healthy eating, and whether, based on these perceptions, health, overweight, and obesity should be interpreted as a threat. Understanding people’s views on physical appearance and family settings, including how they prioritise their problems and integrate them into the social norms and values of their region, can support the integration of a range of views on health issues. A general observation of the families is that food, health, and

weight considerations are not always intertwined, and that appearance and healthy eating are not seen as priorities in terms of valuable achievements at all times.

Interventions

Many of the parents have limited experience with preventive care and interventions in the field of healthy lifestyle and food. Some of the children talked about participating in short-term projects at school (for example, SchoolGruiten and the National School Breakfast). The parents are aware of these projects, but believe that their impact is short term. Some of the parents suggested that the promotion of good food at school—by, for example, making children more aware of their own choices—could contribute to healthier food choices.

The families who have had experience with projects related to food outside of school said they believe that these projects have had positive effects on the children (and the adults) because they now have a broader outlook on food choices. While they do not believe they learned much about healthy foods in these projects, they said they liked learning new recipes (healthy or unhealthy) in a casual atmosphere. The development of other abilities and capabilities in intervention and prevention activities is more appreciated than education about healthier choices.

Still, many prevention and intervention activities are perceived as unwanted interference in a private situation that has no purpose unless it is tailored to the specific needs of a family. Therefore, understanding people's perceptions of intervention, change, and prioritisation are essential to understanding people's reactions and (un)willingness to participate in interventions. This view is shared by the professionals we spoke to.

10.8 Concluding

So what do participants say and what can we do with this information?

First, within studies on food, health, and weight we should acknowledge the needs of the families and consider the possibility that the goals they have set for themselves may not be the ones that are set by society. In their review, Bisogni et al. (2012) indicated that studies on health are often framed in terms of norms, political assumptions, and assumptions about "correct behaviour". But research should be open to people's interpretations of healthy eating, even if these views deviate from the guidelines regarding food choices and weight behaviour. Second, we should acknowledge the cultural and social contexts in which people live, and consider these contexts in explaining their health-based choices. Third, when designing intervention or prevention activities we should consider individual family settings, prioritising their values and taking into account their intergenerational roles: i.e., who is involved in the care of the family members, and how the members perceive health, overweight, and obesity.

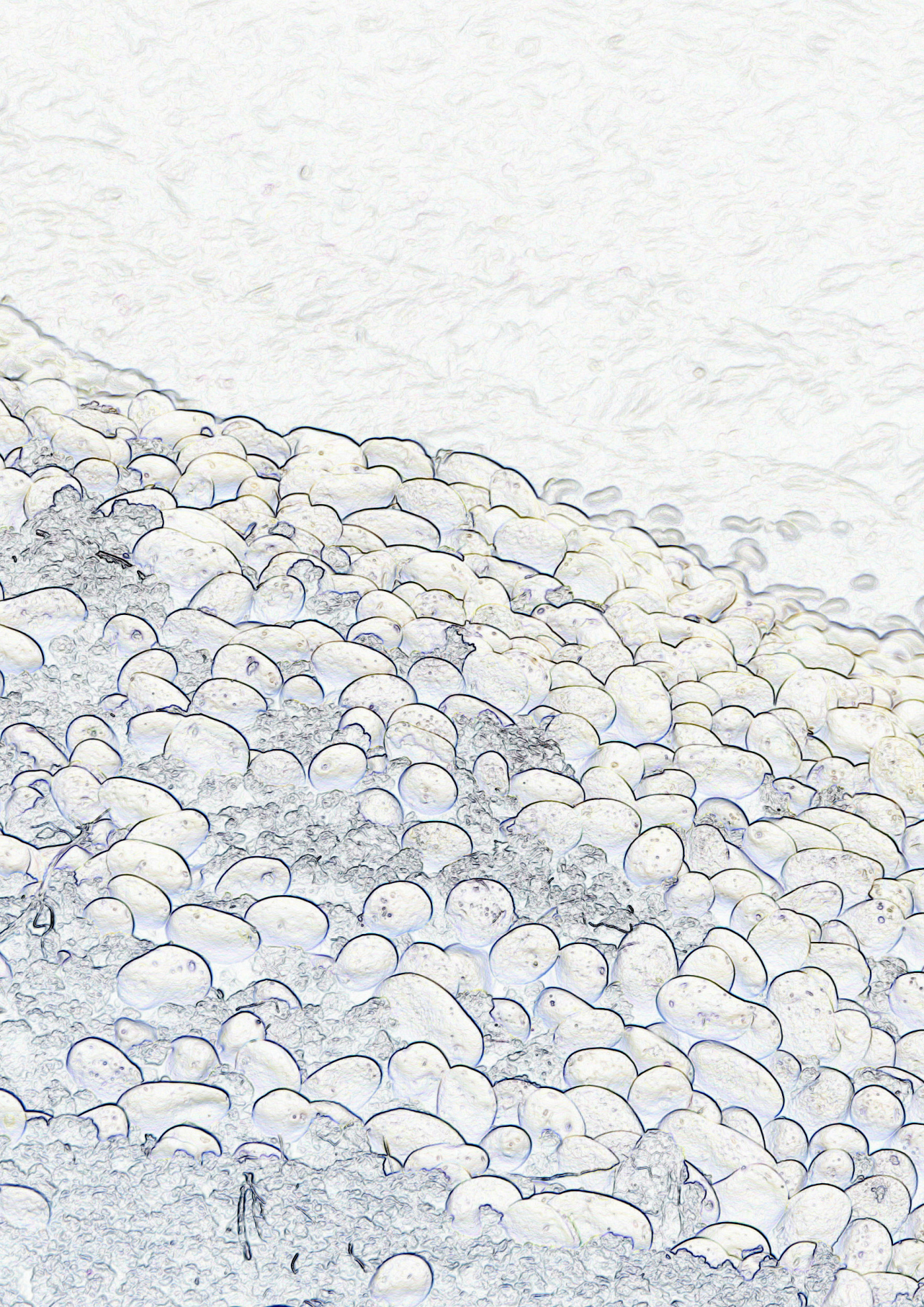
Although we focused on the needs and perceptions of the people themselves, we do not want to dismiss the knowledge and expertise of the professionals. Intervention and prevention approaches should focus on the needs of the families instead of the needs of the professionals. There are opportunities for better communication between caretakers, children, and care professionals. The families in this research indicated that the focus of interventions should be on

social activities and learning by doing, without prescribed goals or set of rules.

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11 / **Conclusion and discussion**

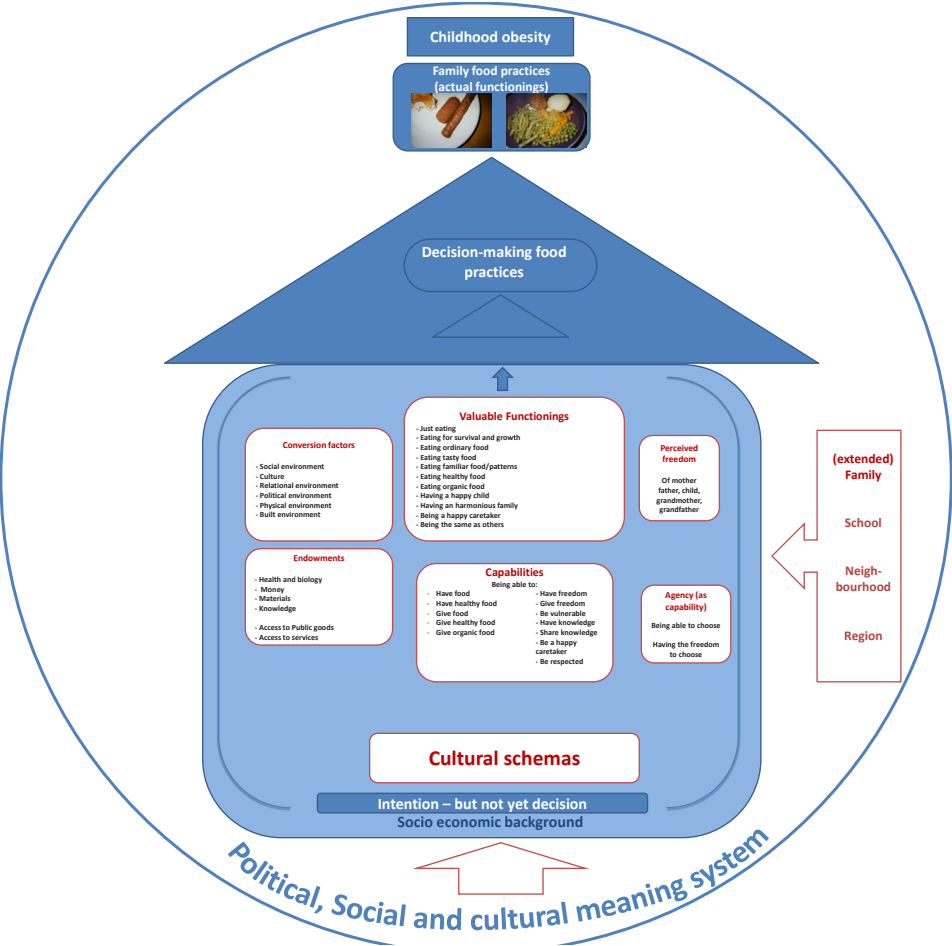


Figure 11.1 Summary of the results

About the food choice perceptions and needs of families

In the introduction of this thesis I indicated that families all over the world create their own food patterns. Although food choice is influenced by a continuous developments on the macro level, the micro context in which families make choices determines the patterns of these families (Nazmi and Monteiro 2013). Therefore research into socio-cultural traditions, beliefs or values that play a role in food choices and body images are an addition to public health developments and research (Nazmi and Monteiro, 2013). Throughout the dissertation we focused on the question of how and why families in the region of Groningen created their food patterns. For this analysis we chose the framework of Sen's capability approach, which highlights what achievements in terms of food choice individual household members value (valuable functionings), and the family members' views on their freedom, opportunities, and capabilities to achieve these valuables in the food choice process. Crocker (2008) and Burchi & De Muro (2012) indicated that the capability approach can provide a holistic perspective on food consumption. To gain such a holistic outlook, we explored the information on and the perceptions of 1) the circumstances in which people make choices that affect their (nutritious) well-being, 2) people's capabilities given the circumstances in which they are making their choices, and 3) the use of the capabilities (which (may) lead to functionings).

Furthermore, we highlighted the cultural schemas within an ethnographic research approach. Using an ethnographic approach provided us with the opportunity to place the valuables people would like to achieve in terms of food choices within the cultural context, and to explore the cultural schemas related to issues such as food, overweight, and health; but also childhood, parenthood, and choice. We focused on the everyday complexities of the food choice process, placing the process in its daily context. Recent literature has suggested that because food choice is complex—and may even be one of the most complex choices in a family—it merits careful analysis (Antin & Hunt, 2012; Curtis, Stapleton and James, 2011). Here I conclude with a summary of the main findings of this thesis, and a description of how these perspectives contribute to the discussions about and interventions in healthy food choices. The main findings are also summarised in Figure 11.1.

11.1 Conclusions from Sen's capability approach

In the scientific and policy discussions on overweight and obesity, the focus is mostly on the achievement of healthy food choices and healthy weight levels, based on the assumption that these are conditions people would like to achieve for the sake of their (physical) well-being. By taking up Sen's capability approach, I analysed what people would like to achieve and are able to achieve, but in an open-ended process (Balsera, 2014). This means I focused not only on healthy food outcomes, but on other outcomes that people perceive as being important to their (nutritious) well-being. Thus, with this approach I looked at whether people consider themselves to be flourishing, rather than whether they are able to accomplish a narrow set of goals such as losing weight or avoiding obesity. It is a holistic approach that takes into account all the factors that contribute to *the good life*, based on people's specific social

circumstances (Balsera, 2014). In this study we focus on a good life, in relation to food.

Another reason I decided to use the capability approach is that because the approach focuses specifically on people's capabilities to achieve a valuable outcome, it provides us with insights into not just people's capacities, but also their opportunities and degree of agency (Ferrer, Cruz, Burge, Bayles, & Castilla, 2014). The approach therefore seeks to expand the freedom of (disadvantaged) people to make their choices and enjoy their 'valuable achievements' (Alkire, 2005). In the following will be explained what has been exposed from the data about the food choices of family households using Sen's capability approach.

1) Attention to conflicts between what achievements family members value and what they actually achieve in terms of their food choices

We can gain insights into the nutritious well-being of the household members by analysing the following three questions: First, what are the household members' actual achievements in terms of food choices? Second, what achievements do they value? Third, how do they prioritise their achievements in terms of their nutritious well-being within a household?

We started the analysis by looking at the outcomes of food choices, or the actual food patterns in the households (*chapter 6*). The families described several daily food moments (breakfast, lunch, dinner, snack break at school, snack after school, and snack after dinner) and related specific products to these meals and food moments. The families reported that they choose traditional products such as potatoes, meat, vegetables, and bread; but also "new" products such as the three P's (pancakes, pizza, and *patat* [French fries]). The children represented their daily food pattern in pictures.

In a reflection on the actual outcomes of the food choice process (*chapter 6*), we observed differences in how family members view these achievements in terms of their nutritious well-being. Most of the children reported that their food choices are generally satisfactory, although they highlighted that when asked to consume certain meals or products, such as vegetables or pastas, they had to make concessions to their parents' choices, and thus do not achieve their valuables in terms of food choice. The parents pointed out that they find certain outcomes satisfactory. But the parents also indicated that especially at breakfast and dinner, they have difficulties with their food choice outcomes, as the food choices are often not healthy, not tasty, or do not follow their usual patterns. In particular, the mothers frequently indicated that the outcomes are not supportive of what they hoped to achieve for their family. Still, we can conclude that most of the families are satisfied with the overall outcomes of their food choice processes. We thus observed that the family members are interested in achieving not just a "healthy or unhealthy" outcomes, but outcomes that meet certain other criteria, such as being "functional", "traditional", or "harmonious".

In line with Sen, we found that individual household members are looking for the freedom to choose their own valuable achievements, including in terms of food choice. Because these preferences are individual, in households that include children, parents, and grandparents,

making joint choices can be complicated (*chapter 7*). In the families in which the parents explicitly said that they want to make *healthy* food choices (nutritious meals), the children as well as the grandparents tend to be more focused on this choice as well; whereas in the families in which the members showed that their food choices serve another value (e.g., *just eating, having harmonious meals or tasty meals*), the children, the parents, and the grandparents appear to be jointly focused on that value. Here the family members also differentiate between negotiating social goals (*Having a happy child, having harmonious meals, pleasing others*) in a food pattern and nutritious goal (*having functional food, having tasty foods, having healthy food*).

But these families are rare; more often the parents expressed that they have individual values they want to focus on in terms of their food choices, but that these values may change at various moments, including during the process of shopping for groceries or of food preparation. The valuables of children, which mostly consist of having tasty meals or familiar foods, play a part in changes in food choice achievements. Here we observed the process through which the values in the household are prioritised. These values may be related to optimising nutrition, but also to optimising the subjective social well-being of the family members.

Second, whereas the focus of public health campaigns on food and food choice is on health, we cannot assume that the primary goal of every family is to eat healthy food. The parents and the grandparents said they believe that such campaigns should shift their focus away from encouraging people to eat nutritious meals, and towards encouraging people to think about the (more general) meanings of food (including functional or traditional), as these meanings also play a role in valuable achievements in terms of food choices. A large share of the family households in this study told that their first consideration in terms of food choice is “just eating food” or “just eating normal food”. The parents were more likely than the children or the grandparents to say that they make food choices to achieve a healthy lifestyle. As different choices could be made, other forms of meaning making could be involved in the food choice process. Therefore, multidimensional outcomes, and not just healthy/unhealthy food outcomes, should be taken into account when analysing the food choice process.

2) Attention to the contextual characteristics in which food choices are or have to be made

The implication of Sen’s capability approach is that, in addition to people’s insights into what achievements are valuable, people should also be *able* to actually achieve their valuables. The capability to achieve valuables is partly determined by an individual’s or a household’s resources, and partly by characteristics of their personal and social life and environment.

We conclude that the contextual factors identified in the literature and statistical sources (*chapter 5*) can differ from the participants’ interpretations of their context, including of their food choice processes. We therefore used the participants’ perspectives in the analysis of the so-called endowments and conversion factors, which enable or disable their capability to achieve valuable food choices (*chapter 8*).

The participants indicated that their financial situation, health situation, and family situation affect their capabilities in terms of food choice. Having certain physical (allergies) or mental

health conditions could prevent them from achieving their valuable food choices. But also being divorced, having little money, or a lack of social contacts could play a role in their capability to achieve their valued food choices. The family members did differentiate between the role of these conditions in the process of food choice and the actual food products. E.G. Physical conditions could play a role in the food choice process, but also in the consumption of products. Most of the families indicated that their social and cultural environment support them in their food choices. The social and cultural environment largely determines the families' intergenerational perspectives, their perspective on freedom, their knowledge, and their care perspectives. The built environment is used in different ways, but generally provides opportunities in terms of food choice, as e.g. supermarkets and other facilities are accessible to all family households. The political environment, on the other hand, is generally perceived as creating an environment that is restrictive or disempowering. The participants expressed the view that the political environment does not create enough opportunities in terms of employment, but also in terms of healthy lifestyle choices.

3) Attention on the capabilities of family members: capacity, opportunity, and agency

While individual and contextual factors play a role in the development of capabilities, the opportunities and the agency perceptions of the family members influence their individual capability to achieve their valuable food choices. We noted above that the family members indicated that they prioritise their achievements in terms of creating food choices. This suggests that some of the family members have more opportunities and agency than others to achieve their valuable food choices. The levels of agency and opportunities could change, depending on the situation in which the food choices are being made.

All three generations reported having opportunities in terms of food choice (*chapter 9*). They said that in their living environment they see opportunities to learn about food (such as from family and friends), to eat healthy foods, and to make their own decisions about which foods they would like to eat. Most of the participants indicated that the agency division within their household and their perceived capabilities can change or interact with their eventual food choices.

The children, the parents, and the grandparents said they distinguish agency provision by receiving and giving agency, as well as through explicit and implicit agency provision. The children appear to have more explicit agency in the household, although the children themselves said they perceive their agency as being implicit. The agency provision of the father is often aligned with the agency provision of the children. It is generally assumed that the mothers direct the food choice process, but while the mothers appear to have the same opportunities and capabilities as the fathers and more capabilities than the children, they generally perceive less agency than their children and partners. Even though the mothers have a larger role in the food choice process than the other family members because they prepare and cook the meals, their agency in terms of being able to choose the food is lower. The mothers are led by the agency of the children and the fathers, and in some cases of the grandparents. This is a result of the perceptions of the children's opportunities and agency in the household, whereby the grandparents and the parents believe

that the children's agency and opportunities to choose have grown. The grandparents perceive themselves as being agent, a freedom they are given based on their wisdom, experience, and special caretaking role in the family.

Differences in families

Whereas one family member may first establish the valuables in terms of food choices (e.g., healthy food), and then consider the capabilities of the family (Am I able/Are we able to do this?); another family or family member may first consider the capabilities of the family (This is what I am able to do), and then consider what he/she would like to achieve. According to the participants, the lack of freedom they perceive to achieve their valuables is based on their outward circumstances, such as inequalities in health conditions and monetary resources. They also said they perceive inequalities in terms of their agency, and their capability to choose their valuable achievements in terms of their (nutritious) well-being.

4) Attention to the role of overweight and obesity in the valuable food choice

In relation to health, the families showed their perceptions of health, overweight, and obesity, and we discussed with them whether they consider *a healthy weight* to be a valuable achievement in relation to their well-being. The families' health outcomes have been represented by waist and hip circumference and their BMI. We found some of the family members are overweight or obese, and some are not (*chapter 10*). In line with the participatory analysis of the food choice process, we also talked with the family members about their health outcomes and the relationship between these outcomes and their food choices. We further discussed the themes of healthy and unhealthy food, overweight/obesity, and interventions related to overweight and obesity. As the family members defined healthy and unhealthy products, we discovered that all three generations have pronounced ideas about what foods and drinks are healthy and unhealthy, but that these ideas differ across generations. More importantly, we saw differences in how healthy food choices differ across families. Some of the participants reported that they believe their food choices are closely related to their health outcomes, while others said they see no direct link between their health outcomes and their food choices, or, more importantly, do not want to link food choices to health outcomes.

In relation to health outcomes such as overweight and obesity, the participants showed us that there are clear differences between people's perceptions of themselves and of others. In this study we observed a child-centred perspective, which means we saw a close relationship between how the parents and the grandparents perceive their children and how they deal with overweight and obesity (e.g. the amount of interference in the child's life also influenced the importance of the health outcomes of the child).

In the families in which the health outcomes are viewed as being related to the food choice process, the parents and the grandparents focused more on the overweight and obesity of their (grand)children. Specifically amongst parents we observed large differences in their perspectives on overweight and obesity, ranging from parents who were not generally concerned by the

overweight of their household members to parents who were concerned about both their own and their children's health and overweight. The children indicated that they are aware of overweight and obesity in themselves and others, but that they are more concerned about body shape than about the health repercussions of being overweight. Most of the grandparents said they have few concerns about their own health risks or body shape, because it matters less in old age, but can be worried about the health and social risks for their (grand)children.

11.2 Conclusions from cultural schemas and cultural context

We placed the analysis of Sen's capability approach in a specific context. The analysis that included only Sen's capability approach gave us insights into the valuables and capabilities, but the analysis of the cultural schemas supported by an ethnographic approach gave us insights into how food and health are seen in the specific context, and how the views of the participants are rooted in food, childhood, parenthood, and agency—i.e., the views that are of major importance to the outcomes of this study. By also analysing the shared ideas on these concepts, we learn more about the history of the valuable achievements in terms of the well-being of the children and the adults.

The meaning-making of the people

The participants themselves argued that in order to understand the food choices and the health perceptions of the families in the region, it is necessary to understand the history of the region. In this thesis we deliberately took this history into account because the participants attach meaning to it. The communist slant still feeds the strong tendencies to oppose hierarchy and stand up for one's rights. These desires are often linked to the history of workers and farmers, in which both groups fought for their rights. Many of the inhabitants pointed out that they have historically been defined as "not being good enough". The identities of the families and their approaches to choices have been formed by this context. The families highlighted norms and values such as *just act normal; don't be too difficult about things; and choose for yourself, don't let others influence you too much*. These attitudes are all reflected in the meanings assigned to food.

The meaning of food

Through our discussions, the families defined the meaning assigned to food in their household. Most of the participants indicated that they are not consciously aware of their food patterns. Thus, detailed discussions were needed to help them arrive at an understanding of what value they place on food, and how they use food (*Chapter 7*). Some of the family members indicated that their conception of food choice is built on the notion of "just eating", and that they struggle with the idea that food can have "meaning". Many of the adults indicated that they have a focused outlook on food they believe is grounded in their cultural context. They said they feel that they lead a "simple life"; i.e., they choose the elements in life they enjoy and are familiar with, and that create a trusted and safe environment in which they feel comfortable. They related their food choices to this outlook on life, asserting that choosing for oneself and "not being too

difficult” are important valuable achievements. These findings suggest that the families value certain patterns influenced by cultural practices, and that these patterns contribute to their well-being. Other studies have shown that cultural practices are often connected to valuable components of people’s achievements in life, and ultimately to their well-being (Binder, 2009). People’s perceptions of food and choice are thus closely related to their family’s cultural history.

The perception of the child and the parent

We discussed with the parents and the grandparents their perceptions of what a child should be and should achieve in his/her life. Because the parents and the grandparents agreed that the children play a substantial role in the family’s food choices, we asked them how they perceive their (grand) child. A large share of the (grand) parents indicated that they would like to see their child to grow up to be independent. In line with the aforementioned attitudes, the adults said that the children should focus on making their own choices, but should avoid being “too difficult”. Although the families confirmed that the children have considerable say in the decision-making processes in the household, including in decisions related to food, they also said the children are expected to eat what is on the table. Most the children indicated that they are aware of their position in the household, and also emphasised that their parents support them in making their own decisions. Nonetheless, the children said they perceive their parents as being the “leaders” in the household. The children observed that their father is more likely than their mother to be their ally in terms of food choice. Overall, the children appear to be relatively independent and able to create their own choices, but have a different level of agency in the household than the adults. How the parents perceive their children and how the children perceive their parents are essential factors in how the family members interpret advice.

Perception of health

The perceptions of health were found to be grounded in the cultural background and the cultural schemas of the families. Perceptions of which foods are healthy can change over time and over generations. The grandparents were most likely to rate traditional products as healthy, such as potatoes, cabbage, mashed potatoes, and meat. The parents in this study also said they perceive these products as being healthy. The grandparents attributed these perceptions to the worker-farmer history of the region, as mashed potatoes and meat provided their ancestors with the calories they needed to sustain them while working hard in the fields. Perceptions regarding obesity can also be culturally influenced. In this research we observed that many of the family members who are overweight or obese do not see their weight as a major concern. This could be related to how families perceive health, and how they rank having a healthy weight among their valuable achievements in terms of their (physical) well-being. How community members experience health is essential to how they interpret advice.

11.3 Implications of the findings for prevention and intervention policies

The findings of this study have implications for prevention and interventions initiatives on

healthy lifestyles. In the following we list four points of focus that could help to improve the current initiatives.

I. *Focus on food dimensions, not overweight*

The integration of a range of valuable aims and priorities in terms of food choice that go beyond whether food is healthy or unhealthy may extend the perspectives on food choice in food-related lifestyle initiatives. In discussions about health prevention and intervention strategies, issues such as taste, function, and tradition and social goals should be mentioned alongside health. Interventions that look at the meaning-making of food and the transfer of this meaning-making from parents to children have much more potential to help people achieve their health goals than interventions that focus only on losing weight. A clear message from this thesis is that the food choice process is never exclusively related to making healthy or unhealthy food choices; it also includes functional considerations, cultural considerations, and a desire to make personalised choices. Our findings support the observations of Antin (2012), who argued that the multidimensionality of food choice is still largely ignored in the health literature, but is fundamental to the success of (public) health interventions. As we observed in our study and as has also been shown by other scholars (e.g., Thompson and Kumar, 2011), interventions that focus exclusively on BMI indicators tend to elicit strong feelings of resistance, whereas interventions that take into account multiple indicators are more likely to be successful.

II. *Focus on capabilities in food choice, and specifically on agency*

Assessing and defining agency and autonomy among family members is crucial to understanding and analysing the food choice process. This has also been shown from an individual standpoint in a study by Ferrer (2014) on health behaviours in general. We found that in the families this focus on agency and capabilities is of even greater significance. Interventions that explore the opportunities and the agency divisions within individual families can give insights into the actual capabilities of the family members. Although these abilities may exist, the family members may not have the agency or the opportunity to use their abilities. For example, while it is clear that children can benefit from their parents' capacities, we should also explore how the children can use their agency in their family. Participation is therefore a key message with regard to the agency of the children, but participation is dependent on the willingness of others/other family members. Within families we focus on how to create team agency (Biggeri, Ballet, & Comim, 2011); whereby the parents, the children, and possibly the grandparents work together to create an optimal space for different agency levels.

III. *Focus on the different generations involved in the food choice*

Currently, many family-based obesity intervention strategies are not designed and/or prepared to acknowledge the complexity of family life or the standpoints of different generations, and thus operate under the assumption that all parents are able to guide their children (Curtis, Stapleton, & James, 2011). In this study the three-generation perspective has been important, because it has shown 1) the role of different family members in food choices, and 2) the different

perceptions food choices of the different generations. The involvement of three generations in food choices not only means that this process is complex; it also reveals both the diversity and the persistence of opinions over time regarding the role of the children in making food choices, the role of the context in making food choices, and perceptions of which products are healthy or unhealthy. Although doing so is complicated, taking into account the perspectives of all of the family members regarding the values and aims related to food choice can help to improve the impact of intervention and prevention messages. Asking the children and the grandparents for their opinions might not seem obvious, but their input helps us define their roles.

IV. *Focus on the deeper cultural notions of the region, and their use in intervention initiatives*

We observed that people's perceptions regarding inequalities are based on their perceptions of society and their social status that are embedded in their cultural schemas. This finding is line with those of recent studies: i.e., that cultural schemas play a role in people's views on society as a whole and on the individual choices they perceive themselves as having (Binder, 2009). This emphasises not just the importance of context; it stresses the complex meaning of freedom and boundaries. The participants shared that they do not appreciate interventions in their private environment unless they have directly consented to these interventions. This may imply that the environment in which the families live is unlikely to be influenced by intervention and prevention strategies, and that the people in this environment are therefore likely to continue to be unhealthy. The participants indicated that they are most drawn to are activities that are easily accessible, do not have an obvious emphasis on education and learning, and that leave room for choice. We therefore argue that the "participant" should come first. This leads us to conclude that prevention and intervention activities should be more customised to the needs of specific communities and individuals.

At last...

When we analysed the families' resources, we found that they have considerable support in the food choices process, such as a rich social context and a specific cultural context; but also considerable challenges related to their health status, their financial status, and/or the political context. The *acknowledgement* and analysis of these more or less supportive elements in a family's life allows us to gain a broader perspective on the food choices of families, but within a specific context. The participants said that they perceive the socio-economic disadvantages of the region as representing a form of inequality that may diminish or interfere with their ability to achieve their life goals. Taking a positive, inclusive view on food choice and overweight (through participatory methods) that emphasises an alternative approach to framing the meaning of food and other important choices in life may be useful for the discipline, the relevant policy-makers, and the families who are being targeted.

11.4 Future research directions

The findings of this thesis suggest that food choices are complex, particularly in the setting of

family households. Precisely for this reason it is important to extend the research on food choices in family households from a holistic perspective. Although we cannot deny that food choices have been studied extensively and in considerable detail in recent decades, we believe there are additional steps that can be taken to provide a more participatory and emic perspective on the process of food choices, choices within family households, and perceptions of healthy lifestyles. We therefore do suggestion for research on three related but different themes that could contribute to further conceptualisations and explanations of (healthy lifestyle) choices.

First, based on the findings of this research, we suggest that research should be conducted on the role of fathers and grandparents in the (healthy) lifestyle behaviour of children. We observed that both of these roles can have significant influence on a child's choices (*chapters 7 and 9*). However, the precise nature of these relationships and forms of influence could be studied further.

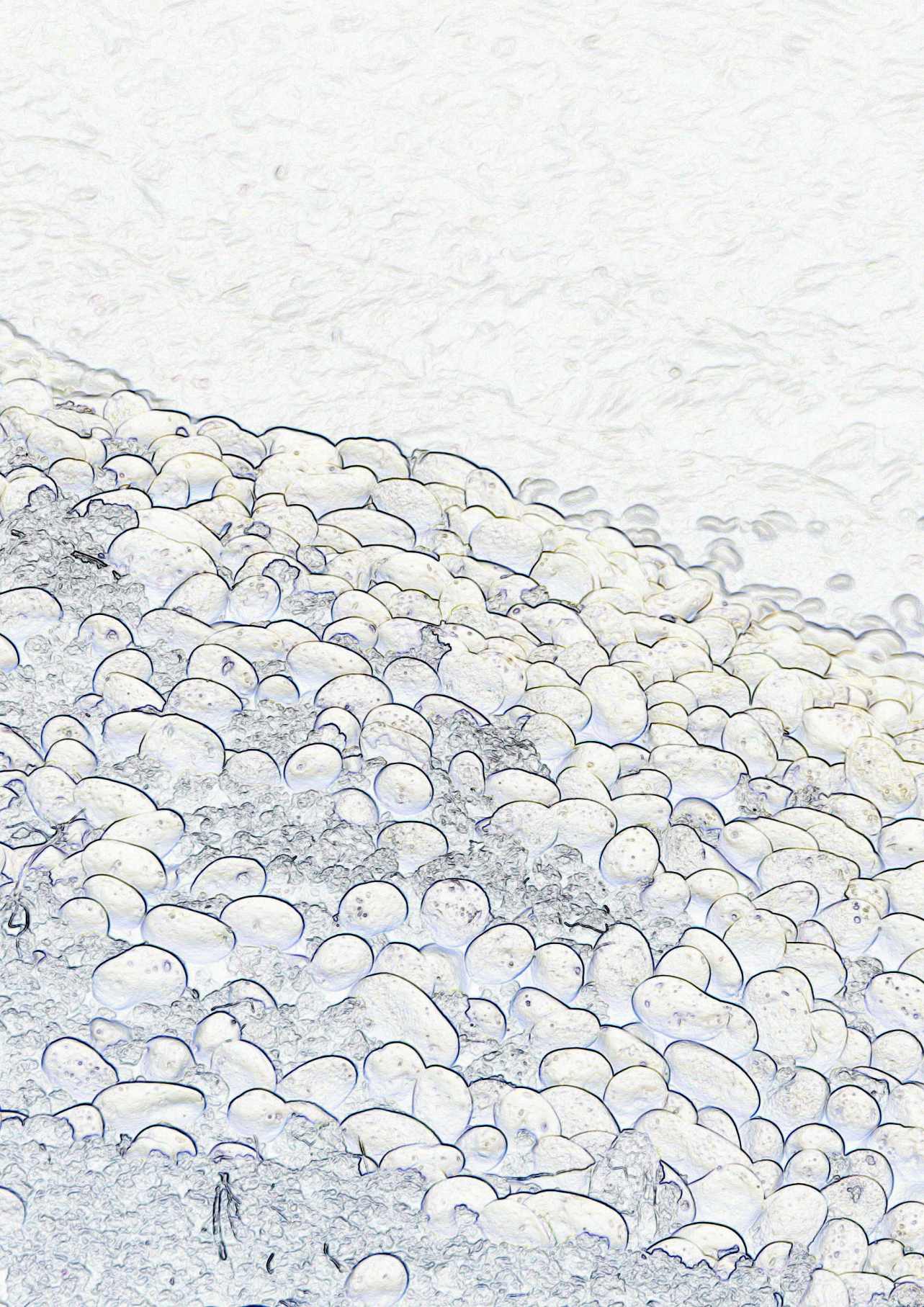
Second, in this study we started to explore Sen's capability approach from a child's perspective, highlighting children's insights into their achievements and capabilities in the household. We encourage research on the capabilities and functionings of children on a broad range of topics, and in different settings (see also (Biggeri & Karkara, 2014). Third, extending research practices using the proposed model could extend holistic ethnographic studies on food choices. It would therefore be interesting to do comparable research in other settings in order to find out whether there are similarities or differences between regions, or between rural and urban areas.

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Appendix 1 Interview guide Children

Vertrouwelijk Interview guide Photo-elicitation

Hoi, leuk dat je er weer bent en dat we samen naar je foto's kunnen kijken. Ik ga je eerst even wat dingen vertellen over ons gesprekje.

Ik ben Sanne en zoals ik je eerder heb verteld ben ik iemand die onderzoek doet aan de universiteit in Groningen. Weet je nog wat een onderzoeker is?

Ik kijk voor wat langere tijd samen met kinderen en hun ouders naar hoe jullie eten in Oldambt. Door hier met z'n allen naar te kijken krijgen we een goed idee hoe jullie eten en waarom jullie zo eten.

Ik ben heel blij dat je zo goed je best hebt gedaan met het maken van foto's en vandaag gaan we eens samen praten over deze foto's. Ik heb de foto's die je gemaakt hebt afgedrukt en ze meegenomen, zodat je niet uit je hoofd dingen hoeft te vertellen, maar met de foto's erbij. Ik zou het erg fijn vinden wanneer je eerlijk verteld over de foto's en ook probeert te vertellen waarom je deze foto's gemaakt hebt. Daarom ga ik je een aantal vragen stellen.

Ik gebruik de antwoorden die straks geeft aan mij voor het onderzoek waarover ik verteld heb. Dat betekent dat ik je verhaal ook uittyp op de computer. Je krijgt dan een andere naam van mij, zodat mensen die lezen over je verhaal niet weten dat het verhaal van jou is.

Om je verhalen later uit te kunnen typen, heb ik een voice recorder meegenomen. Zullen we het eens proberen? Hiermee kan ik straks jouw verhaal goed opschrijven, want ik kan niet alles onthouden wat je zegt.

Hoe vind je het om samen met mij naar je foto's te kijken? Vind je dat goed?

Samen met het kind nog een keer kijken naar het toestemmingsformulier.

Ik zou graag eerst wat meer over je weten.

Hoe oud ben je?

In welke groep zit je nu op school?

Waar woon je?

Met wie woon je in huis?

Wat doet je vader voor werk?

En je moeder?

Wat wil je later worden?

Activiteit

Zullen we eens gaan kijken naar je foto's?

Hoe vond je het om foto's te maken?

Hoe heb je de foto's gemaakt?

Foto 1,2,3,4

Kun je een foto aanwijzen die volgens jou het meest met eten te maken heeft?

Kun je vertellen wat er op de foto staat?

Waarom heb je deze foto gemaakt?
Wanneer heb je deze foto gemaakt?
Gebeurt dit vaak bij jou thuis?

Hoe voel je je als je naar deze foto kijkt?

Photo piling: Zou je me kunnen laten zien op welke foto's gezonde producten staan? En ongezonde producten?
Waarom vind je dat gezond of ongezond?
Kun je me vertellen wat je weet van gezonde en ongezonde dingen?

Vragen die misschien ontstaan uit de foto's, maar anders nog apart gesteld kunnen worden
Waar denk je aan bij eten?

Ouders

Wie bepaalt wat jullie eten thuis?

- Boodschappen?

Hoe gaat het bij jullie thuis wanneer jullie gaan eten?

- Koken, hulp van jou, broertjes zusjes?
- Waar?
- Afwassen?
- Hoe vind je dat?

Eet je ook wel eens iets wat je niet lust?

- Wat?
- Waarom?

Wat vertel je je ouders tijdens het eten?

- Vragen over eten?
- Over je dag?
- Waar praten je ouders over bij het eten?

Andere sociale contexten

Zijn er ook andere plekken waar je eet?

- School?
- Opa en oma?
- Vertel daar eens wat meer over?
- Hoe vind je het om bij andere mensen te eten?
- Wanneer je bij vriendjes of vriendinnetjes eet, hoe gaat het daar?
- Koken, hulp van broertjes en zusjes?

- Waar?
- Afwassen?
- Hoe vind je dat?

Gewoonten

Wanneer eet je?

Is dit elke dag ongeveer hetzelfde?

Wat vind je gek bij eten? Waarom?

Overgewicht

We hebben het veel gehad over eten en ook over ongezond eten.

Eet je ook weleens teveel, vind je zelf?

- Waarom?
- Wat vind je daarvan?

Kan je me vertellen wat je denkt dat ongezond eten met je lichaam doet?

Vind je jezelf wel eens te dik? Waarom?

Wat doe je als je dat denkt?

Wat hoor je van anderen over dik zijn?

Afsluiting

Wat vond je ervan om met mij naar de foto's te kijken en daar vragen over te krijgen?

Zijn er dingen die je aan mij wilt vragen?



Appendix 2 Interview guide adults

Interview guide

Hallo, welkom bij dit interview. Ik wil u eerst hartelijk bedanken voor uw medewerking aan dit interview en de tijd die u voor mij heeft vrij gemaakt.

Mijn naam is Sanne Visser en ik ben een onderzoeker van de universiteit van Groningen. Zoals u wellicht weet woon ik enkele maanden in Oldambt om onderzoek te doen naar de voeding, eetgewoonten en voedingskeuzes binnen huishoudens in deze regio. Daarvoor ben ik geïnteresseerd in hoe u denkt over eten in uw huishouden en hoe u keuzes maakt in wat u eet. Ook wil ik graag samen met u praten over waarom u bepaalde keuzes maakt in eten en eetgewoontes, bijvoorbeeld door uw kinderen, familie of door gebeurtenissen uit het verleden. Ik heb u gevraagd om mee te werken aan een interview omdat u (mede)verantwoordelijk bent voor keuzes in voeding voor en binnen uw gezin.

Het interview zal ongeveer **een uur** in beslag nemen, afhankelijk van de hoeveelheid informatie die u met mij wilt delen. Als u het goed vindt, wil ik graag deze audio-recorder gebruiken om het gesprek op te nemen. Ik neem het interview op, zodat ik mijn aandacht bij het gesprek kan houden. Er zal vertrouwelijk met uw gegevens worden omgegaan. Daarom bedenk ik later in het boek dat ik hierover zal schrijven een fictieve naam voor u. De informatie die u geeft, zal gebruikt worden in een onderzoeksrapport, wetenschappelijke artikelen of een andere manier om onderzoek te publiceren. Ook hierin zal niet direct naar u gerefereerd worden, uw naam blijft dus onbekend. De opnames zullen alleen beschikbaar zijn voor de mensen die betrokken zijn bij dit onderzoek. Dat zijn mijn begeleiders prof. Inge Hutter, en dr. Hinke Haisma. U kunt mij op elk moment vragen, om welke reden dan ook, met het interview te stoppen. Ook als u even een pauze wilt kunt u dit natuurlijk zeggen.

Vindt u het inderdaad goed dat het gesprek wordt opgenomen? Dan zet ik nu de recorder aan en vraag nogmaals officieel om uw toestemming.

- Recorder aan
- Heeft u nog vragen of wilt u bijvoorbeeld nog iets meer weten over het interview of het onderzoek?
- Is alles voor u duidelijk en gaat u akkoord met het afnemen van dit interview?

Dan beginnen we nu met het officiële interview. Zou u me eerst iets meer over uzelf kunnen vertellen?

- Hoe oud bent u?
- Wat is uw burgerlijke status? (toelichting: getrouwd, samenwonend, gescheiden)
- Wat is uw beroep? Of van partner?
- Met wie leeft u samen?
- Hoe lang woont u in deze plaats/regio?
- (Waar heeft u hiervoor gewoond?)

Zoals ik al vertelde zullen we het vooral hebben over voeding en eetgewoonten binnen uw huishouden en uw verdere familie. Graag zou ik beginnen met wat vragen over hoe het eetpatroon er op dit moment uit ziet in uw eigen gezin.

Eten in eigen huishouden

Kunt u beschrijven welk eten u meestal eet? Kunt u een dag uit de week en in het weekend beschrijven?

Zou u mij een indruk kunnen geven hoe maaltijden worden georganiseerd bij u thuis?

- Probes: planning, boodschappen doen, koken, opruimen/afwassen
- Wie zijn er allemaal bij betrokken bij het voorbereiden van het eten?
- Waar eten jullie normaal gesproken?
- Wanneer eten jullie normaal gesproken?
- Wie eten er mee?

Waar haalt u het eten vandaan?

- Supermarkt, tuin, vrienden?
- Waarom daar?
- Wat is de rol van de kinderen bij het bepalen wat er gegeten wordt?

Welk eten heeft u eigenlijk nooit in huis? Waarom niet?

Opvoedingsstijl bij eten

Hoe ziet u uw (klein)kinderen? Wat voor rol spelen ze in het gezin?

Wat zijn de verantwoordelijkheden van uw kinderen in het huishouden?

Wat zijn uw ideeën over wat uw (klein)kinderen eten?

- Welk voedsel, welke voeding
- Lukt het ook om dit in de praktijk zo te doen?
- Waarom wel/niet?

Wat zijn uw ideeën over de eetgewoonten van uw (klein)kinderen?

- Regels bij eten? Hoe kinderen eten?
- Lukt het ook om ze deze eetgewoonten aan te leren?
- Waarom wel/niet?

Eten buitenshuis

Waar eten jullie nog meer, behalve in jullie eigen huis?

- Probes: voorbeelden?

Waarom eten jullie daar?

Wat zijn de verschillen met het eten binnen jullie eigen huishouden?

- Wat wordt er gegeten?
- Wie doet boodschappen, kookt daar?
- Waar wordt gegeten, wanneer en met wie?

Hoe ervaart u deze verschillen?

Voeding en kennis

Graag zou ik u ook wat vragen willen stellen over hoe u hebt geleerd over voeding en eten

Hoe en waar leren jullie over eten?

Spreekt u met uw kinderen (en man?) ook over eten en gezondheid?

- Waarover?
- Waarom?

Hoe hebt u dingen geleerd over voeding en koken?

- Moeder, vader, andere familie, dokter, nieuws, vrienden...

Hoe hebt u geleerd over voeding en gezondheid?

- Moeder, vader, andere familie, dokter, nieuws, vrienden, consultatiebureau

Hoe gebruikt u deze kennis in uw eigen gezin?

Invloeden op keuzes in eten

Kunt u me meer vertellen over bepaalde waarden en normen die het eten en de eetgewoonten in uw huishouden beïnvloeden?

- Omgangsvormen, geschiedenis, emoties, vroegere ervaringen

Hoe denkt u dat uw familieachtergrond invloed heeft op wat er nu binnen het huishouden gegeten wordt?

Hoe zagen maaltijden eruit toen u opgroeide?

- Probes: planning, boodschappen doen, koken, opruimen/afwassen
- Wie waren er allemaal bij betrokken bij het voorbereiden van het eten?
- Waar aten jullie normaal gesproken?
- Wie aten er mee?
- Wanneer aten jullie?
- Waar zijn uw ouders opgegroeid?
- U vertelde dat u ben opgegroeid in ...? Heeft dat invloed op wat u eet en hoe u eet, denkt u?

Welke eetgewoonten kreeg u mee van uw ouders?

- Doordeweekse dagen?
- Bijvoorbeeld verjaardagen, zondagen, op vakantie?

Zijn er bepaalde idealen die uw eetgewoonten beïnvloeden?

- Vegetarisch/veganistisch, biologisch,
- Spirituele achtergronden

Food roles

Graag zou ik ook nog meer willen weten over andere mensen die het eetpatroon binnen het huishouden beïnvloeden.

Hoe wordt de manier waarop u eet en wat u eet beïnvloed door andere personen (ook buiten uw familie)?

- Vrienden, collega's, anderen
- Manieren, voeding, tot je nemen van voedsel
- Tijd?
- Plaats?
- Met wie?

Maken deze mensen wel eens opmerkingen over hoe u eet?

- Wie? Wat zeggen ze? Wat voor effect heeft dit op u?

Is er een manier waarop u invloed heeft op hoe anderen in uw familie of daarbuiten (vrienden, collega's) eten?

- Voorbeelden?
- Hoe doet u dat?

Wat voor verantwoordelijkheid voelt u naar de eetgewoonten van anderen?

- Natuur?

Zijn er dingen die u vreemd vindt met betrekking tot eten?

Rol regio, gemeenschap

Is er bepaald eten dat specifiek is voor de regio Oldambt?

- Wat voor eten?
- Hoe zien deze producten eruit? Waar worden ze geproduceerd?
- Wat vindt u van dit eten?

Zijn er eetgewoonten die specifiek zijn voor de regio Oldambt?

- Welke?
- Hoe zien deze eruit?
- Wat vindt u van deze eetgewoonten?
- Hoe voelt u zich daarbij?

Veranderingen in voeding

Sommige mensen merken veranderingen op in hun *eetgewoonten* door de jaren heen. Heeft u dat ook wel eens gehad?

Hoe zijn uw eetgewoonten door de jaren heen veranderd?

- Waar u eet?
- Met wie?
- Waarom?
- Hoe voelt u zich hierbij?

Hoe zijn uw *voedingskeuzes* door de jaren heen veranderd?

- Wat/wie heeft daarvoor gezorgd?
- Wanneer heeft deze verandering plaatsgevonden?

Beperkingen in voedingskeuze

Zijn er zaken die u beperken in uw keuze voor voeding?

- Waarom ervaart u deze als beperkend?
- Financiële situatie

Zijn er dingen die u beperken in uw keuze voor bepaalde eetgewoonten?

- Waar u eet? Met wie u eet?
- Hoe beïnvloedt u dat?

Wanneer u geen beperkingen kende, en u volledige vrijheid had in uw keuze voor eten, hoe zou uw eetpatroon er dan uit zien?

- Voor uzelf?
- Voor uw gezin?

Betekenis van eten

Wanneer u aan eten denkt, wat zijn dan dingen/woorden die bij u opkomen?

Kunt u vertellen wat bepaalde eetgewoonten voor u betekenen?

- Plaats van eten, eetritme, eten bij bepaalde gebeurtenissen?
- Wat voelt u bij eten? Wat doet eten met u?
- Voelt u zich wel eens vervelend wanneer u bepaald voedsel eet?
- Gelukkig?

Taal

- Hoe geeft u aan dat het eten lekker gesmaakt heeft? En uw kinderen?
- Zijn er bepaalde uitdrukkingen binnen het huishouden die met eten te maken hebben?
- Gebruikt u deze uitdrukkingen ook?
- Waarom?

Interventies in eten en eetgewoonten

Op dit moment zijn de overheid en veel andere instanties betrokken bij wat mensen eten en vooral hoeveel mensen eten. Graag zou ik daar uw mening over willen horen.

Kent u richtlijnen voor voeding die door de overheid worden ingezet? Zo ja, welke?

Wat vindt u van de richtlijnen voor eten die door de overheid worden ingezet?

- Bv 2 ons groente, twee stuks fruit; Schijf van 5

Kent u programma's die door scholen en gemeenten worden aangeboden voor op het gebied van gezond eten?

Wat vindt u van de programma's die door scholen en gemeenten worden aangeboden voor kinderen op het gebied van gezond eten?

Als u advies mocht geven over hoe je mensen motiveert om gezonder te eten, wat zou u dan zeggen?

Overgewicht

Deze interventie zijn er vaak ook op gericht om overgewicht terug te dringen. Daar wilde ik graag nog even verder over praten.

Hoe ervaart u overgewicht in uw omgeving?

Bespreekt u zaken als overgewicht ook in uw gezin? Hoe?

Speelt overgewicht een rol in uw gezin?

Hoe gaat u hiermee om?

Heeft u ervaring met professionals die u kunnen adviseren over overgewicht (diëtist, huisarts)?

Wat vindt u van hun aanpak?

Hoe vindt u dat de media omgaat met overgewicht?

Hoe vindt u dat de overheid omgaat met overgewicht?

Afsluitend

Hoe ziet u graag de toekomst voor uw gezin?

Wilt u misschien nog iets kwijt wat nog niet aan de orde is geweest?

Wat vond u zelf van het interview?

Hartelijk dank voor het interview. Aangeven dat de informatie waardevol is voor het onderzoek.



Appendix 3 Selection of Observation Schemes

Observation schedules

Food culture: *what people do with, think, believe and know about food*

Observaties: Wat mensen doen (voedsel en eetgewoonten)

Leven in Oldambt:	Observaties	Datum: Tijdstip: Plek:
Ruimtelijke omgeving (Landschap) <ul style="list-style-type: none">- Bebouwing- Natuur- Water- Verbouwen (wat wordt er door boeren verbouwd?)- Verbouwen (wat wordt er ruimtelijk verbouwd)- Flora- Fauna- Winkels- Faciliteiten (School, sport, cultureel, overheidsgebouwen, medisch)- Hygiëne- Infrastructuur- Hoe staat alles tov elkaar?		
Sociale omgeving <ul style="list-style-type: none">- Leeftijd- Geslacht- Gezondheidstoestand- Leefstijl- Woon-werk condities- Gezondheidszorg- SES- Verstedelijking- Globalisering- Mobiliteit		
Culturele omgeving <ul style="list-style-type: none">- Sociale uitingen/sociale netwerken- Politieke uitingen- Kunstzinnige uitingen- Religieuze uitingen- Normen en waarden- Gewoonten- Samenspel inwoners/dorpsraad/gemeente		

Observatieschema Openbare gelegenheden	Observaties	Datum: Tijdstip: Plek:
(feesten, verenigingen) Welk voedsel wordt geserveerd?		
Hoe wordt het geserveerd?		
Wat is de setting bij het eten? Wie zit waar?		
Hoe wordt er gereageerd op voedsel?		
Hoe gedraagt men zich bij het ontvangen en eten van voedsel bij openbare gelegenheden?		
Hoe is de interactie tussen mensen? - waar praat men over?		
Samenstelling van de gezelschappen?		
Eetgewoonten <ul style="list-style-type: none"> - hoe wordt er ge- geten? - Hoe wordt er over eten gepraat? - Hoe gaan mensen om met hun eten? Zijn er regels verbonden aan het eten?		

Observatieschema Huishouden	Observaties	Datum: Tijdstip: Plek:
Welke personen aanwezig?		
Relatie tussen de personen?		
Wat voor eten wordt geserveerd?		
Waar komen de producten vandaan?		
Hoe wordt het eten klaar gemaakt?		
Door wie wordt het eten klaargemaakt?		
Hoe wordt het geserveerd?		
Hoe reageren de personen op het eten?		
Hoe gedragen mensen zich bij het eten?		
In wat voor setting wordt er gegeten?		
Eetgewoonten <ul style="list-style-type: none"> - hoe wordt er gegeten? - Hoe wordt er over eten gepraat? - Hoe gaan mensen om met hun eten? Zijn er regels verbonden aan het eten?		
Wat wordt er gedaan na het eten? <ul style="list-style-type: none"> - Bidden/andere afsluiting - Afruimen/afwas - Gebruiken/gewoonten 		



Samenvatting

Vanaf het moment dat een kind wordt geboren is er behoefte om te eten, bewegen en te overleven. Van af datzelfde moment wordt ook bepaald hoe het met andere mensen communiceert en welke culturele factoren invloed hebben op hun eten. Hoe alledaags ook, eten vormt voor een deel ons welbevinden.

Tegenwoordig heeft het alledaagse van eten zich verplaatst naar het middelpunt van wetenschappelijke, politieke en medische discussies. Aangezien het percentage mensen dat overgewicht of obesitas ontwikkelt sterk is toegenomen, werken onder meer politici, beleidsmakers en medici aan beleid en interventies om deze zogenoemde epidemie op een juiste manier aan te pakken. Dit, vaak, biomedisch debat schrijft de groei van overgewicht en obesitas veelal toe aan de toename in voedingsinname en de daling van dagelijkse beweging. Meer impliciet wordt overgewicht en obesitas als een resultaat beschouwd van rationele keuzes in voeding en beweging. Tot nu toe echter hebben interventies in voeding en beweging geen grote verschillen kunnen maken in het terugdringen van overgewicht en obesitas. Sinds er meer aandacht is voor de groeiende percentages overgewicht hebben veel onderzoekers zich, vanuit verschillende disciplines, ook verdiept in het maken van keuzes in voeding. Ook al heeft dit veel kennis opgeleverd, pas recent worden ook de percepties van mensen zelf op het maken van een voedingskeuze meegenomen in voedingsonderzoek.

Met dit proefschrift wordt het perspectief op voedingskeuzes en overgewicht uitgebreid, door het overheersende biomedische perspectief los te laten en de focus nog meer te verleggen naar *de beleving van voedingskeuzes door de mensen zelf* en de rol daarvan in *hun subjectief welbevinden* zoals gerelateerd aan voeding. Het perspectief op voedingskeuzes wordt uitgebreid naar het huishouden, een plek waar kinderen en ouders - en zoals in de onderzoeksregio ook grootouders - een rol hebben in de voedingskeuze. Het onderzoek maakt gebruik van een etnografische, holistische benadering, waarin ook de sociale en culturele achtergrond waarin keuzes worden gemaakt en betekenissen worden gevormd zijn bestudeerd. De onderzoeker leefde 5 maanden in de onderzoeksregio en participeerde in het leven van haar onderzoeksgroep. Met dit onderzoek verwoorden we de stem van kinderen, ouders en grootouders in voedingskeuzes en gezondheidsgedrag en trachten we een zo volledig mogelijk beeld te geven van het gehele voedingskeuzeproces.

Het theoretisch kader van het onderzoek is de Capability Approach van Sen, een benadering die de ontwikkeling van iemands welbevinden beschouwt vanuit de concepten *waardevolle doelen* voor een individu (bijvoorbeeld voeden of vasten of andere doelen) en de *mogelijkheden*, *vaardigheden* en *agency* die elk gezinslid heeft om deze doelen te bereiken. Binnen dit onderzoek richtten we ons op de dimensies voor welbevinden die relateren aan een voedingskeuze.

Het doel van het onderzoek is om bij te dragen aan een situatie waarin overgewicht en obesitas percentages zullen afnemen, maar waarbij gestart wordt vanuit 1) inzichten in de percepties van drie generaties op overgewicht en obesitas, 2) de percepties van kinderen, ouders en grootouders op interventies in gezondheidsgedrag en 3) met een uitgebreid en gedetailleerd beeld van

hun dagelijkse voedingskeuzes, waarbij we aandacht hebben voor hun verworvenheden in de voedingskeuze en de mogelijkheden, vaardigheden en *agency* die zij zelf ontwaren in het proces.

In de regio Noordoost Groningen worden hoge percentages overgewicht en obesitas geobserveerd, ook onder kinderen. De hogere percentages overgewicht in de regio worden, door onderzoekers en beleidsmakers, vaak verklaard door de lage sociaal economische achtergrond van gezinnen en de hoge werkloosheid. Door middel van een breder perspectief op voedingskeuzes en overgewicht, willen wij, *samen* met gezinnen, meer inzicht krijgen in (andere) bepalende elementen in voedingskeuzes. In de gemeente Oldambt is daarom een etnografie uitgevoerd onder gezinnen in de regio, waarbij 13 gezinnen meededen aan een uitgebreide analyse van hun voedingskeuzeproces via foto-interviews, diepte-interviews en observaties met kinderen, ouders en grootouders. Op basis van de uitkomsten van de interviews, foto's en observaties kunnen we verschillende overwegingen onderscheiden die bijdragen aan de totstandkoming van een voedingskeuze binnen het gezin.

Voedingskeuzes: perspectieven op wat gezinsleden bereiken en zouden willen bereiken

De elementen die een rol spelen in een voedingskeuze worden in de regio gevormd door drie generaties, verbonden door hun familieband. Bij aanvang van het onderzoek in de regio, bleek de belangrijke rol van grootouders in het leven van een groot aantal gezinnen. Inzicht in het welbevinden van gezinsleden zoals gerelateerd aan voedingskeuzes, konden alleen worden verkregen wanneer zij inzicht konden geven in wat ze bereikten in hun voedingskeuzes, wat ze graag zouden *willen* bereiken en hoe ze verworvenheden prioriteerden binnen het gezin.

De resultaten van het onderzoek laten zien dat er in het voedingskeuzeproces vaak een verschil ontstaat tussen wat gezinsleden daadwerkelijk bereiken en wat ze willen bereiken. De verschillende gezinsleden die betrokken zijn bij de voedingskeuze starten hun voedingskeuzes over het algemeen vanuit verschillende waarden. De waarde van een voedingskeuze bij kinderen zijn vaak gerelateerd aan *smaak, gedragsbevestiging* (van ouders, grootouders of vrienden) en *status*. Terwijl de producten op tafel (de maaltijd) voor bijvoorbeeld de kinderen inderdaad kunnen zijn wat zij ook zouden willen bereiken, kan dit voor ouders of grootouders niet zo zijn. Ouders in het onderzoek kiezen vooral tussen waarden als *gewoon eten, gezondheid, geluk en/of gehoorzaamheid van hun kind*, terwijl grootouders zich vooral richten op het tevreden stellen (verwennen) van de (klein)kinderen. Een groot deel van de gezinnen in deze studie laten zien dat '*gewoon eten*' of gewoon '*normaal*' eten vaak het meest aansluit bij de doelen van *alle* gezinsleden. Deze constatering onderschrijft het belang van een definitie van normaal eten, binnen dit onderzoek vaak gedefinieerd als *vertrouwde smaken van aardappels en vlees*. De meeste ouders bereiken met '*gewoon eten*' het *welbevinden* van hun kind en stellen dat voorop als belangrijkste waarde in het gezin, anderen vinden de belangrijkste waarde *gezond eten*. Deze beide waardes kunnen parallel aan elkaar lopen, maar ouders geven aan dat ze vaak moeten kiezen tussen waarden. Het onderzoek laat zien dat individuele gezinsleden op zoek zijn naar

de vrijheid om op basis van hun eigen waarden een voedingskeuze te maken. Aangezien deze waarden individueel blijken te zijn, is het lastig voor kinderen, ouders en grootouders om tot een gezamenlijke keuze te komen (hoofdstuk 7).

In enkele gevallen blijken gezinnen expliciet een gezonde voedingskeuze te willen bereiken (voedzame maaltijden), waarin zowel kinderen, ouders als grootouders meer aandacht te hebben voor de 'gezonde keuze'. Daarnaast zijn er gezinnen waar de voedingskeuze een andere gezamenlijke waarde dient (bijvoorbeeld *gewoon eten*, *harmonieuze maaltijd* of *lekkere maaltijden*) en kinderen, ouders en grootouders zich gezamenlijk daarop richten. Maar deze families zijn zeldzaam; in de meeste gezinnen startte een proces van het prioriteren van waarden van verschillende gezinsleden, gerelateerd aan het optimaliseren van het voedingswelbevinden, maar ook het sociale welbevinden van de gezinsleden.

Waar in beleid en samenleving vaak gesproken wordt over een gezonde of ongezonde voedingskeuze, zijn er binnen gezinnen duidelijke nuances in keuzes die direct naar een gezonde of ongezonde voedingskeuze leiden. We observeerden dat gezinsleden zich niet alleen richten op een 'gezond of ongezond' uitkomst, maar dat ze zich ook (of meer) richtten op een breder perspectief en dus ook tevreden konden zijn met een voedingskeuze die een andere wens ondersteunde, zoals een 'functionele' keuze, een traditionele of een harmonieuze keuze. De tevredenheid over de uitkomst van een maaltijd liet zich hiermee analyseren op verschillende niveaus; op zowel individueel- als gezinsniveau en op fysiek (gezondheid, groei) en sociaal niveau (status, gezelligheid). In dit kader geven ouders en grootouders aan dat het belangrijk is om de focus te verplaatsen van gezonde maaltijden naar meerdere dimensies in voedingskeuzes, omdat het deze betekenissen waren die een rol speelde in de waardevolle doelen voor een voedingskeuze. Hierbij kan worden gedacht aan voorgenoemde dimensies, zoals smaak, status, traditie, functionaliteit, bekendheid, of gezelligheid van een product of maaltijd.

Aandacht voor hoe contextuele factoren een rol spelen in voedingskeuzes van gezinnen

De implicatie van Sen's capability approach is dat mensen, naast dat ze hun waardevolle verworvenheden graag zouden willen bereiken, ze deze ook moeten *kunnen* bereiken en dus de capaciteiten *ontwikkelen* en mogelijkheden *krijgen* om waardevolle keuzes te maken en hun capaciteiten *gebruiken* in deze keuzes. De capaciteit om waardevolle keuzes te bereiken wordt bepaald door individuele mogelijkheden, de persoonlijke, sociale en omgevingscontext en individuele vaardigheden en agency en autonomie van gezinsleden.

Zowel kinderen, ouders als grootouders geven aan dat hun *financiële situatie*, hun *gezondheidssituatie* en hun *familiesituatie* een rol spelen in wat ze kunnen bereiken in hun voedingskeuze. Maar ook *sociale aspecten* als een scheiding of geringe sociale contacten kunnen het bereiken van een waardevolle voedingskeuze bemoeilijken. Voor kinderen kunnen factoren, die door volwassenen als belemmerend worden ervaren in het bereiken van een waardevolle voedingskeuze, juist helpen om een waardevolle voedingskeuze te bereiken. Bijvoorbeeld

wanneer een allergie ervoor zorgt dat een kind geen fruit hoeft te eten of kinderen in twee huishoudens eten mogen kiezen.

De meeste gezinsleden ervaren hun *sociale en culturele omgeving* als een ondersteunende factor in het maken van een waardevolle voedingskeuze. De sociale en culturele omgeving bepaalt grotendeels de intergenerationele perspectieven (zoals de inkleuring van de rol binnen het gezin), het perspectief op vrijheid, de kennis en de perspectieven op zorg en opvoeding. De omgevingscontext wordt door gezinsleden op verschillende manieren gebruikt, maar biedt mogelijkheden voor het maken van een waardevolle voedingskeuze. De beleidsomgeving, aan de andere kant, werd in het algemeen als beperkend ervaren of als ontkrachtend. Ouders en grootouders geven aan dat de beleidsomgeving niet voldoende mogelijkheden creëert om te floreren op het gebied van werk, maar ook binnen leefstijlkeuzes.

Aandacht voor de vaardigheden, mogelijkheden en kracht van de gezinsleden in voedingskeuzes
Naast de individuele en contextuele factoren die een rol spelen bij de voedingskeuzes van de huishoudens, spelen ook de mogelijkheden en *agency* percepties van gezinsleden een rol in hun voedingskeuzes. Zoals eerder aangegeven ervaren gezinsleden verschillende mogelijkheden in hun omgeving en daardoor ontwikkelen ze voor zichzelf ook verschillende vaardigheden. De vaardigheden zijn niet alleen afhankelijk van de externe contextuele factoren en de individuele kenmerken van het gezin, maar ook van de synergie die ze samen creëren in de verdeling van *agency* en het creëren van mogelijkheden. Zoals we in het voorgaande aangaven dat familieleden moeten prioriteren in wat ze bereiken met hun voedingskeuze, betekent dit ook dat er verschil is in mogelijkheden en *agency* om hun waardevolle streven te bereiken.

Alle drie de generaties ervaren mogelijkheden voor het maken van hun voedingskeuze (*hoofdstuk 9*). Ze geven aan dat ze in hun leefomgeving kunnen leren over eten, mogelijkheden hebben om gezond eten te bereiden en de mogelijkheid hebben om hun *eigen* beslissing te nemen. De meeste gezinsleden geven aan dat de verdeling van autonomie (de kracht om uit eigen motieven te handelen) binnen het gezin een grote rol speelt in hoe beslissingen, waaronder voedingskeuzes, worden genomen.

Kinderen, ouders en grootouders maken onderscheid tussen het *ontvangen* en het *geven* van *agency* van en aan gezinsleden en tussen *expliciete* en *impliciete* *agency* bepaling. Volgens de ouders en grootouders verkrijgen de kinderen meer expliciet zeggenschap in de (voedings)keuze in het gezin, terwijl kinderen hun zeggenschap meer impliciet ervaren. Gezinsleden benoemen zeggenschap van de vader vaak in combinatie met zeggenschap van de kinderen. Alhoewel er vaak vanuit wordt gegaan dat de moeders veel zeggenschap hebben in het voedingskeuzeproces, blijkt uit de verhalen van de gezinsleden dat de moeder wel dezelfde mogelijkheden en vaardigheden heeft als de vader, maar dat de vader meer zeggenschap heeft dan de moeder. Ondanks dat moeders een meer gedefinieerde rol in het voedingskeuze proces hebben; zij bereiden vaker het eten voor en koken het, worden zij vaak (impliciet) beïnvloed door de keuzes en voorkeuren van de vaders en de kinderen. Dit is het resultaat van de percepties van ouders op de mogelijkheden

en het zeggenschap van de kinderen in hun huishouden, waarin zowel ouders als grootouders aangeven dat deze in de laatste decennia gegroeid zijn voor het kind. Grootouders ervaren veel zeggenschap, welke –zoals ze zelf aangeven- is gebaseerd op hun wijsheid, ervaring en speciale verzorgerrol in het gezinsleven.

Aandacht voor de rol van overgewicht en obesitas in de gewaardeerde voedingskeuze

In het verlengde van de participatieve analyse van het voedingskeuzeproces bediscussieerden we ook de gezondheidsuitkomsten en de relatie tot de voedingskeuze van de participanten. Uitgangspunt in de discussie over overgewicht met kinderen, ouders en grootouders was of ‘gezond gewicht’ een belangrijke verworvenheid was voor hun persoonlijke welbevinden en wat dit dan zou betekenen. Wanneer we gezonde en ongezonde producten analyseren met de gezinsleden zien we bij alle drie de generaties uitgesproken ideeën over wat gezond en ongezond is om te eten of te drinken, maar dat er *tussen* generaties verschillen zijn in de definitie van gezonde en ongezonde producten. Belangrijker nog, we observeren verschillen in de definitie van een gezonde voedingskeuze per gezin en generatie. Sommige gezinsleden geven aan dat hun voedingskeuze en hun gezondheidsuitkomsten sterk aan elkaar gerelateerd waren, terwijl andere gezinsleden gezondheidsuitkomsten en hun voedingskeuze niet per se aan elkaar relateren en een gezond gewicht ook niet prioriteren.

In relatie tot overgewicht en obesitas, laten participanten zien dat er duidelijke verschillen zijn tussen de perceptie van zichzelf en de perceptie van anderen. In deze studie observeren we een kindgericht perspectief, waarmee we bedoelen dat er een relatie is tussen hoe ouders en kinderen hun (klein)kind zien en hoe ze omgaan met overgewicht en obesitas. De relatie tussen kind en (groot)ouder, de manier waarop zij hun (klein)kind representeren en willen opvoeden, is van invloed op de manier waarop zij overgewicht en obesitas beleven. Wanneer ouders willen dat hun kind leert een onafhankelijk persoon te zijn, die eigen keuzes kan maken, speelt dit een rol in de manier waarop het gewicht van het kind wordt beschouwd en de waarde die er aan het gewicht wordt gehecht. Daarnaast, in gezinnen waar de gezondheidsuitkomsten een belangrijke rol speelden in het voedingskeuzeproces, waren de ouders en grootouders meer gericht op het overgewicht of obesitas van hun (klein)kind. De grootste verschillen observeren we in de perspectieven van *ouders* op overgewicht en obesitas. Er zijn ouders die weinig of geen belang hechten aan overgewicht of obesitas in het gezin en er ook niet bezorgd om zijn tot ouders die bezorgd zijn om zowel hun eigen gewicht als het gewicht van hun kinderen. Kinderen observeren overgewicht en obesitas bij zichzelf, maar ervaren dit niet als een gezondheidsprobleem, maar zijn meer bezorgd om de lichaamsvorm. Grootouders zijn vaak niet bezorgd om hun eigen gewicht, de gezondheidsrisico's voor zichzelf en hun lichaamsvorm, maar zijn wel bezorgd om de gezondheids- en sociale risico's voor hun (klein)kinderen.

De inzichten die het proefschrift levert op gebied van voedselkeuze kunnen niet los worden gezien van de sociale en culturele context die een belangrijke rol speelt. De waarden die gezinsleden

voorop stellen in hun voedingskeuze zijn gestoeld op hun culturele schema's. De culturele context creëert een interpretatiesysteem waarop mensen normen en waarden baseren. Het analyseren van culturele schema's gerelateerd aan de voedingskeuze geven inzicht in en wortels aan het beeld van eten, kind zijn, ouderschap en agency en autonomie, welke cruciaal zijn om de voedingskeuzes nog beter te kunnen begrijpen. Daarom is er uitgebreid aandacht voor deze context in dit proefschrift.

Het begrijpen van de worteling van gezinnen

Veel van de gezinnen gaven aan dat zij een sterke band voelen met de regio waarin zij wonen en dat ook hun voedingskeuzes en voedingswaarden daar grotendeels of mede door bepaald worden. Ze geven ook aan dat, om hun voedingskeuzes te begrijpen, het nodig is om de geschiedenis van de regio te kennen. In dit proefschrift worden daarom expliciet de cultuur, geschiedenis en de betekenis die de participanten hieraan toekenden beschreven. De participanten benadrukken normen en waarden, zoals *gewoon normaal doen, niet te moeilijk doen en laat je niet door anderen beïnvloeden*. Deze worden grotendeels gereflecteerd in de betekenis van eten.

De betekenis van eten

Mede doordat de voedingskeuze grotendeels een geautomatiseerd proces was, was het lastig de 'waarde' die werd toegekend aan eten te grijpen (hoofdstuk 7). 'Gewoon eten' is het uitgangspunt voor veel gezinnen. Deze gerichte kijk op de voedingskeuze werd regelmatig gerelateerd aan de culturele context waarin de voedingskeuze gemaakt wordt. Het bereiken van een eenvoudig, gelukkig leven betekent dat er elementen gekozen worden in het leven die gelukkig maken en bekend zijn, dus binnen een betrouwbare en veilige omgeving. De voedingskeuze is gerelateerd aan deze kijk op het leven, waarin de keuze voor zichzelf en 'niet te moeilijk' kiezen bijdragen aan de waardevolle verworvenheden.

De betekenis van het kind en de ouder

Aangezien in veel huishoudens het kind als uitgangspunt wordt genomen in de voedingskeuzes, is het voor het begrijpen van voedingskeuzes essentieel om te weten hoe ouders en grootouders hun kinderen benaderen. De percepties van wat een kind zou moeten zijn en bereiken in zijn/haar leven zijn gegrond in diezelfde culturele context. Binnen deze context zien ouders en grootouders hun (klein)kind graag opgroeien tot een onafhankelijk kind. Onafhankelijkheid van anderen wordt gezien als een van de meest waardevolle elementen voor het sociale welbevinden van het kind. Het kind moet focussen op zijn of haar eigen keuze. Tegelijkertijd moet een kind in het huishouden niet te moeilijk doen. Alhoewel kinderen in de afgelopen decennia meer zeggenschap hebben gekregen in het gezin, en kinderen ook meer kritisch zijn geworden naar wat hen wordt geserveerd, moeten veel kinderen op momenten ook 'eten wat de pot schaft'. De beïnvloeding van wat die pot schaft wordt alleen steeds groter. Hiermee nemen de kinderen een tamelijk sterke positie in in de meeste gezinnen in het onderzoek. Kinderen zijn zich bewust van hun positie en benadrukken dat hun ouders hun helpen in het nemen van onafhankelijke

beslissingen, maar dat zij hun ouders nog steeds als 'leiders' van het gezin beschouwen. Moeders zijn in die rol sterk op zoek naar de weg van de minste weerstand en de vaders sluiten zich daar in veel gevallen bij aan. Hoe deze weg van de minste weerstand wordt gevonden en waar de grenzen worden gesteld verschilt per gezin, maar in alle gevallen draait het erom dat het kind gelukkig is. Hierbij worden grenzen nog wel eens opgeschoven om de weerstand te vermijden.

De betekenis van gezondheid

Ook de manier waarop een gemeenschap gezondheid ervaart is essentieel voor hoe advies zal worden opgevolgd. Wanneer mensen iets niet als een probleem ervaren, is het ook moeilijk om advies op te volgen. De overweging is altijd wat de percepties van gezondheid zijn en of gezondheidsrisico's worden geïnterpreteerd als een bedreiging. Het beeld van een onafhankelijk en eenvoudig leven speelt ook een rol in welke plaats gezondheid en overgewicht inneemt in het gezin. Zo kan een gezin dat zich niet of minder wil laten beïnvloeden door experts van buitenaf of door de meest recente ontwikkelingen op het gebied van bijvoorbeeld voeding zich meer willen afsluiten voor gezondheid en overgewicht. Door generaties heen kan dit beeld van gezondheid en gezond eten ook veranderen.

Overwegingen in preventie, interventie en beleid

De essentie van het begrijpen van gezinnen en hun voedingskeuzes ligt in de aandacht voor het complexe systeem waarin de voedingskeuzes worden gemaakt. De uitgangspunten zijn de culturele identiteit die wordt ontleent aan voeding, die zowel heel functioneel (eten omdat het moet) kan zijn of meerdere betekenissen heeft, en de waarden die daarmee samenhangen. Om interventie of preventie in te richten moeten de waarden van alle gezinsleden en direct betrokkenen onder de loep worden genomen. Het nut van eten en het nut van verandering moet voor alle partijen duidelijk zijn.

De bevindingen van dit onderzoek geven overwegingen die gebruikt kunnen worden in preventie en interventie initiatieven op levensstijl. Er zijn 4 focuspunten die in dit kader naar voren kunnen worden geschoven.

1. Focus op voedingsdimensies, niet op overgewicht

Een duidelijke boodschap van dit proefschrift is dat een voedingskeuzeproces nooit exclusief gebonden is aan het maken van een gezonde of ongezonde keuze, maar dat de keuze functionele, sociale en culturele overwegingen integreert, of/en een meer radicale 'eigen keuze'. De integratie van verschillende waardevolle doelen en prioriteiten in de voedingskeuze kan het perspectief op een voedingskeuze verbreden, los van de focus op een gezonde of een ongezonde voedingskeuze. De aandacht voor *andere thema's dan 'gezondheid', zoals smaak, traditie en sociale invloeden* kunnen discussies oproepen binnen preventie en interventie initiatieven. Betekenis geven aan eten en de overheveling van betekenisgeving van ouders naar kinderen

heeft veel meer potentie dan de enkelvoudige focus op de vermindering van overgewicht als uitkomst van een interventie. Deze aanbeveling ondersteunt de suggestie van Antin (2012) die onderschrijft dat de multidimensionale inzichten in voedingskeuze nog steeds genegeerd worden in gezondheidsonderzoek, maar dat het fundamenteel is voor het succes van interventies in de publieke gezondheidszorg. De focus op BMI-indicatoren als uitkomsten van een dergelijke interventie kan sterke gevoelens van weerstand oproepen, zoals bediscussieerd in dit onderzoek en wat ook gevonden wordt in andere studies (bijvoorbeeld Thompson en Kumar, 2011), waarmee we nog sterker aandacht willen vragen voor het hanteren van meer indicatoren in gezondheidsinterventies.

II. *Focus op vaardigheden in voedingskeuzes, specifiek agency(kracht) verdeling in het huishouden en autonomie*

Het *waarderen en definiëren van agency en autonomie met en tussen alle gezinsleden* is cruciaal om het voedingskeuzeproces te begrijpen en analyseren, een claim die ook ondersteund wordt voor individueel gezondheidsgedrag door o.a. Ferrer (2014). We onderstrepen dat in gezinnen de focus op agency en autonome vaardigheden van nog grotere betekenis is. Wanneer in interventies de *vaardigheden en agency verdeling van de individuele gezinsleden* wordt verkend, kan dit inzichten geven in de daadwerkelijke mogelijkheden en vaardigheden van de gezinsleden. Alhoewel het vermogen er wellicht is, kunnen gezinsleden wellicht de agency of mogelijkheid niet hebben om hun vermogen te gebruiken. Binnen gezinnen (met aansluiting van grootouders) zal er een focus moeten zijn op het creëren van team agency (Biggeri, Ballet, & Comim, 2011), waarin ouders, kinderen en wellicht grootouders werken aan een optimale ruimte voor verschillende agency niveaus.

III. *Focus op de verschillende generaties en personen die betrokken zijn bij een voedingskeuze*

Momenteel zijn niet alle gezinsgerelateerde overgewichtinterventies erop voorbereid of erop gericht om de complexiteit van het gezinsleven te erkennen en te gebruiken in interventies (Curtis, Stapleton, & James, 2011). In deze studie is het driegeneratie-perspectief erg belangrijk geweest, om dat het 1) de verschillende rollen van verschillende gezinsleden blootlegde en 2) de veranderingen blootlegde die generaties gedurende de afgelopen decennia observeerden (gerelateerd aan de voedingskeuze). De betrokkenheid van drie generaties maakt het proces van voedingskeuze niet alleen meer complex, maar stelt ook de diversiteit als wel de vasthoudendheid van inzichten over tijd, op het gebied van de rol van kinderen in de voedingskeuze, de rol van de context in de voedingskeuze, de perceptie van gezonde en ongezonde producten, enz. Wanneer de perspectieven van alle gezinsleden worden meegenomen, kan dit bijdragen aan de impact die interventie en preventie boodschappen hebben op het gezin als geheel. Door ook kinderen, vaders en grootouders te vragen naar hun rol en opinies, kan hun rol worden gedefinieerd.

IV. *Focus op de diepere culturele betekenissen binnen een regio en gebruik deze in preventie en interventie initiatieven*

De visies die mensen hebben op ongelijkheden zijn vaak gebaseerd op hun percepties van de samenleving en sociale status, die zijn ingebed in de culturele schema's. Dit ligt in het verlengde van wat recente studies ook aantonen; culturele schema's spelen een rol in het beeld dat mensen hebben van hun samenleving als geheel en de individuele keuzes die ze hebben binnen die samenleving (Binder, 2009). Dit benadrukt niet alleen de significantie van de context, maar benadrukt ook de complexe betekenis van vrijheid en grenzen.

Participanten deelden dat zij interventies in hun directe, private omgeving niet waardeerden, wanneer zij niet zelf de keuze hadden gemaakt voor deze interventie. Dit kan betekenen dat de omgeving waarin een gezin leeft intact blijft, zonder duidelijke interventie en preventie strategieën, die zij niet waarderen. Het kan ook betekenen dat binnen deze omgeving mensen meer ongezond blijven. Gezinnen vertellen dat zij activiteiten die makkelijk toegankelijk zijn het meest waarderen, zonder een expliciete nadruk op onderwijzen en leren en activiteiten die ruimte bieden voor eigen keuze en mening. Waarmee willen we benadrukken dat 'de deelnemer', de participant, voorop moet staan. Dit leidt tot de conclusie dat preventie en interventie activiteiten meer maatwerk vereist. De constatering dat deze ontwikkeling zich al heeft ingezet, kunnen wij alleen maar ondersteunen en stimuleren.

Toekomstig onderzoek

De bevindingen van dit proefschrift impliceert de complexiteit van een voedingskeuze bij gezinnen. Gezinnen geven aan dat de keuze complex is en veel meer omvat dan alleen een gezonde of ongezonde keuze. In de huidige samenleving, waarin keuzes tussen gezond en ongezond steeds meer wordt geprofileerd, is dit een belangrijke boodschap. Waar aan de ene kant beleidsmakers en medici stimuleren dat mensen hun eigen keuzes maken, en daarmee zelf sturing geven aan hun gezondheid, is er aan de andere kant de verwachting dat mensen zich houden aan de aanbevelingen die worden gedaan. Deze dubbele boodschap is ook voelbaar in de gezinnen en zij maken over het algemeen een 'eigen keuze' en geven daarbij een eigen interpretatie van de aanbevelingen. Hierbij concluderen we dat de aandacht zou moeten liggen op het ontplooiën van het eigen keuzeperspectief van de gezinnen en niet alleen op het 'terugbrengen van overgewicht'.

Precies om deze reden is het van belang voedingskeuzes van gezinnen meer centraal te stellen in onderzoek naar overgewicht (met betrekking van grootouders, wanneer relevant). Alhoewel we niet kunnen negeren dat voedingskeuzes intensief en uitgebreid zijn onderzocht en daar al veel lessen uitgetrokken zijn, zijn er nog steeds stappen te maken in het aannemen van een meer participatieve benadering en perspectief van gezinnen in studies naar het voedingskeuzes proces en gerelateerde interventies en preventie initiatieven. Daarom raad ik aan om meer onderzoek te doen naar drie gerelateerde, maar verschillende thema's, die kunnen bijdragen aan verdere conceptualisering en begrip van (leefstijlgerelateerde) keuzes.

Ten eerste, gebaseerd op de bevindingen van het onderzoek, is er inzicht nodig in de rol van

vaders en grootouders in (gezonde) leefstijlkeuzes van kinderen. In ons onderzoek observeren we dat deze beide rollen een belangrijke invloed kunnen hebben op het kind (*hoofdstuk 7 en 9*), maar de precieze relatie en invloed van de voedingskeuzes moet verder onderzocht worden. Daarnaast zijn we in deze studie gestart met het exploreren van Sen's Capability approach vanuit een kindperspectief, waardoor we hun inzichten in hun waardevolle verworvenheden en capaciteit, bekwaamheid en vermogen naar voren hebben gebracht. We willen onderzoek naar de *capabilities* en *functionings* van kinderen vanuit een brede verscheidenheid aan onderwerpen in verschillende contexten aanmoedigen (zie ook Biggeri & Karkara, 2014). Ten slotte, stimuleren we onderzoeken met het voorgestelde raamwerk (*hoofdstuk 2*), dus het uitbreiden van holistische etnografisch onderzoek naar voedingskeuzes. Daarvoor zou het interessant zijn om vergelijkend onderzoek te doen tussen regio's, om te begrijpen of er regionale verschillen en overeenkomsten zijn, in stedelijke als wel landelijke setting.



Soamenvatten ien t Grunnegs

Vanòf t moment dat n kiend geboren wordt het e behuifte aan eten, bewegen en overleven. Vanòf t zulfde moment wordt ook bepoald hou of e mit aander minsen proat en welke culturele factoren ienvlound hemmen op hun eten. Hou aaldoags t eten ook is, t vörmt n dail van ons welwezen. Tegenswoordeg het alledaagshaid van t eten zich verploatst noar t middelpunt van waitenschoppelke, politieke en medische discuzzies. Omdat t percentoage minsen dat overgewicht of obesitas ontwikkelt staark gruid is, waarken onder meer politici, belaaidsmoakers en medici aan belaid en interventies om dizze zogenoamde epidemie op n goie menaaier aan te pakken. Dit, voak, biomedisch debat schrift grui van overgewicht en obesitas mainsstied tou aan t tounemende houeulhaid eten en n doalen van doagelkse bewegen.

Meer impliciet wordt overgewicht en obesitas beschaauwd as n resultoat van rationele keuzes ien eten en bewegen. Tot nou tou hemmen interventies ien eten en bewegen nog gain grote verschillen moaken kind ien t terugdringen van overgewicht en obesitas. Sunt dat ter meer aandacht is veur gruiende percentoages overgewicht hemmen veul onderzikers zich, vanoet verschillende disciplines, ook verdaipt ien t moaken van keuzes ien eten. Dit het wel veul kennis opleverd mor leste tied pas worden percepties van minsen zulf op t moaken van n eterijkeuze mitnommen ien t eterijonderzoek.

Mit dit proefschrift wordt t perspectief op eterijkeuzes en overgewicht oetbraaid, deur t overheersende biomedische perspectief lös te loaten en focus nog meer te verleggen *noar t beleven van eterijkeuzes deur minsen zulf* en rol doarvan ien *hun subjectief welwezen* zoas dat relateerd is aan eten. t Perspectief op eterijkeuzes wordt oetbraaid noar t hoesholden, n stee woar kiender en olders - en zoas ien d'onderziuksregio ook grootolders- n rol hemmen ien d'eterijkeuze. t Onderzoek moakt gebruik van n etnografische, holistische benoadern, woarien ook socioale en culturele achtergrond woarien keuzes moakt worden en betaikenizzen vörmd worden bestudeerd binnen. d'Onderziuker was vief moand ien d'onderziuksregio en participeerde ien t leven van het leven van heur onderziuksgroep. Mit dit onderzoek verwoorden wie stem van kiender, olders en grootolders ien eterijkeuzes en gezondhaidsgedrag en perbaaiern wie n zo goud meugelk beeld te geven van t haile proces van eterijkeuzes. t Theoretisch koader van t onderzoek is de Capability Approach van Sen, n benoadern dij d'ontwikkeln van aines welwezen beschaauwt vanoet de concepten *weerdevolle doulen* veur n individu (beveurbeeld eten of vasten of aander doulen) en *meugelkheden*, *veerdegheden* en *agency* dij elk gezinslid het om dizze doulen te berieken. Ien dit onderzoek richtten wie ons op de dimensies veur welwezen dij relateren aan n eterijkeuze.

t Doul van t onderzoek is t biedroagen aan n situoatsie woarien overgewicht- en obesitaspercentoages minder worden zellen, mor waarbie start wordt vanoet 1) ienzichten ien percepties van drij generoatsies op overgewicht en obesitas, 2) percepties van kiender, olders en grootolders op interventies ien gezondhaidsgedrag en 3) mit n oetgebraaid en gedetailleerd beeld van heur doagelkse eterijkeuzes, waarbie wie aandacht hemmen veur de dingen dij ze

beriekt hemmen, en heur meugelkheden, veerdegheden en agency dij ze zulf zain in t proces.

Ien regio Noordoost Grunnen worden hoge pecentoages overgewicht en obesitas observeerd, ook bie kiender. d'Hogere percentoages overgewicht ien de regio worden deur onderzuikers en belaaidsmoakers voak verkloard deur n lege sociaal economische achtergrond van gezinnen en n hoge waarkloosheid. Deur n braider perspectief op eterijkeuzes en overgewicht willen wie, soamen mit gezinnen, meer ienzicht kriegen ien (aander) bepoalende elementen ien eterijkeuzes. Ien gemeente Oldambt is doarom n etnografie moakt bie gezinnen ien de regio, waarbie 13 gezinnen mitdeden aan n oetgebraaide analyse van heur eterijkeuzes via foto-interviews, daipte-interviews en observoatsies mit kiender, olders en grootolders. Op boasis van d'oetkomsten van dizze interviews, foto's en observoatsies kinnen wie verschillende overwegingen onderschaaiden dij biedroagen aan n totstandkommen van n eterijkeuze ien t gezin.

Eterijkeuzes: perspectieven op wat gezinsleden berieken en berieken willen

d'Elementen dij n rol speulen ien n eterijkeuze worden ien de regio vörmd deur drij generoatsies, verbonden deur n familiebaand. Bie t begun van t onderzoek ien de regio bleek de belangrieke rol van grootolders ien t leven van n groot aantal gezinnen. Ienzicht in t welwezen van gezinsleden zoas relateerd aan eterijkeuzes, konden wie allinneg kriegen as zai ienzicht geven konden ien wat ze beriekt haren in heur eterijkeuzes, wat ze geern berieken wollen en hou ze de dingen dij ze beriekt hemmen prioriteerden ien t gezin.

De rezultooten van t onderzoek loaten zain dat ter ien t proces van eterijkeuzes voak n verschil ontstaat tussen wat gezinsleden echt berieken en wat ze berieken willen. De verschillende gezinsleden dij betrokken binnen bie d' eterijkeuzes begunnen heur eterijkeuzes ien t algemain vanoet verschillende weerdes. De weerde van n eterijkeuze bie kiender binnen voak relateerd aan *smoak*, *gedragsbevestigen* (van olders, grootolders of kameroaden) en *stoates*. Producten op toavel (de moaltied) veur bevrbeeld kiender kinnen ienderdoad wezen wat zai ook berieken wollen mor dit kin veur olders of grootolders nait zo wezen. Olders ien t onderzoek kaizen veuraal tussen weerden *as gewoon et'n*, *gezondheid*, *geluk en/of geheurzaamheid van heur kiend*, terwiel dat grootolders zich veuraal richten op t tevreden stellen (verwennen) van heur (klain)kiender. n Groot dail van gezinnen ien dizze studie loaten zain dat *'gewoon et'n' of gewoon 'normaal' et'n* voak t mainst aanslut bie doulen van *ale* gezinsleden. Dizze constateren onderschriift t belang van n definitie van normaal et'n, binnen dit onderzoek voak definieerd *as vertraauwde smoaken van eerdappels en vlees*. Mainste olders berieken mit *'gewoon et'n'* t *welwezen* van heur kiend en vienden dat belangriekste weerde ien t gezin, aandern vienden *gezond et'n* de belangriekste weerde. Dizze baaide weerdes kinnen parallel ankander lopen mor olders geven aan dat ze voak kaizen mouten tussen weerdes. t Onderzoek loat zain dat individuele gezinsleden op zuik binnen noar de vrijheid om op boases van heur aigen weerdes n eterijkeuze te moaken. Omdat dizze weerdes individueel bliken te wezen is t lasteg veur kiender, olders en grootolders om tot n gezoamelke keuze te kommen (hoofdstuk 7).

Ien summege gefallen bliken dat gezinnen expliciet n gezonde eterijkeuze berieken willen (strekzoame moaltieden), woaien kiender, olders en grootolders meer aandacht hemmen veur de 'gezonde keuze'. Doarnoast binnen der gezinnen woar d'eterijkeuze n aandere gezoamelke weerde daint (beveurbeeld *gewoon et'n, harmonieuze moaltied of lekkere moaltieden*) en kiender, olders en grootolders zich gezoamelk doarop richten. Mor dizze families binnen zeldzaam; ien mainste gezinnen begon n proces van t prioriteren van weerdes van verschillende gezinsleden, relateerd aan t optimaliseren van t etenwelwezen, mor ook t socioale welwezen van gezinsleden.

Terwiel dat ter ien belaid en soamleven voak proat wordt over n gezonde of ongezone eterijkeuze, binnen der ien gezinnen dudelke nuances ien keuzes dij doalek noar n gezonde of ongezone eterijkeuze laiden. Wie zagen dat gezinsleden zich nait allinneg richten op n 'gezonde of ongezone' oetkomst, mor dat ze zich ook (of meer) richtten op n braider perspectief en dus ook tevreden wezen konden mit n eterijkeuze dij n aandere wens ondersteunde zoals n 'functionele' keuze, n traditionele of n harmonieuze keuze. De tevredenheid over oetkomst van n moaltied lait sich hiermit analyseren op verschillende niveaus; op individueel- en op gezinsniveau en op fysiek (gezondheid, grui) en sociaal niveau (stoates, gezelleghaid). Ien dit koader geven olders en grootolders aan dat t belangriek is om focus te verploatsen van gezonde moaltieden noar meerdere dimensies ien eterikeuzes omdat t dizze betakenizzen waren dij n rol speulden ien de weerdevolle doulen veur n eterijkeuze. Joe kinnen denken aan veurnimde dimensies zoals smoak, stoates, traditie, functionaliteit, bekendheid of gezelleghaid van n product of moaltied.

Aandacht veur hou contextuele factoren n rol speulen ien eterikeuzes van gezinnen

d'Implicoatsie van Sen's Capability Approach is dat minsen, noast dat ze belangrieke dingen berieken willen ze dizze ook berieken mouten *kinnen* en dus capaciteiten *ontwikkeln* en meugelkheden kriegen om weerdevolle keuzes te moaken en heur capaciteit *bruken* ien dizze keuzes. De capaciteit om weerdevolle keuzes te berieken wordt bepoald deur individuele meugelkheden, persoanleke, socioale en omgevencontext en individuele veerdegheden en agency en autonomie van gezinsleden.

Zowel kiender, olders as grootolders geven aan *dat heur financiële situoatsie heur gezondheidssituoatsie en heur familiesituoatsie* n rol speulen ien wat ze berieken kinnen ien heur eterijkeuze. Mor ook *socioale aspecten* zoas n schaiden of waaineg socioale contacten kinnen t berieken van n weerdevolle eterijkeuze stoerder moaken. Veur kiender kinnen factoren, dij deur n grode as belemmerend ervoaren worden ien t berieken van n weerdevolle eterijkeuze, juist helpen om n weerdevolle eterijkeuze te berieken. Beveurbeeld as n allergie der veur zörgt dat n kiend gain fruit eten huft of kiender ien twij hoesholdens zulf eten kaizen magen.

Mainste gezinsleden ervoaren heur *socioale en culturele omgeven* as n ondersteunende factor ien t moaken van n weerdevolle eterijkeuze. De socioale en culturele omgeven bepoalt grotendails intergenerationele perspectieven (zoas ienkleuren van rol ien t gezin), t perspectief op vrijheid, kennis en perspectieven op zörg en opvouden. D'omgevencontext wordt deur gezinsleden op verschillende menaaiern bruukt mor baidt meugelkheden veur t moaken van n weerdevolle

eterijkeuze. De belaaidsomgeven, aan aander kaant, wer ien t algemain as bepaarkend ervoaren of as ontkrachend. Olders en grootolders geven aan dat belaaidsomgeven nait genog meugelkheden geft om te floreren op t gebied van waark mor ook ien leefstijlkeuzes.

Aandacht veur veerdegheden, meugelkheden en kracht van gezinsleden ien eterijkeuzes

Noast individuele en contextuele factoren dij n rol speulen bie eterijkeuzes ien hoesholdens speulen ook meugelkheden en agency percepties van gezinsleden n rol ien heur eterijkeuzes. Zoas eerder aangeven ervoaren gezinsleden verschillende meugelkheden ien heur omgeven en doardeur ontwikkelen ze veur zichzulf ook verschillende veerdegheden. Veerdegheden binnen nait allinneg ofhankelk van externe contextuele factoren en individuele kenmaarken van t gezin, mor ook van synergie dij ze soamen moaken ien t verdailen van agency en t moaken van meugelkheden. Zoas wie ien veurgoande aangaven dat familieleden prioriteren mouten ien wat ze berieken mit heur eterijkeuzes, betaikent dit ook dat ter verschil is ien meugelkheden en agency om heur weerdevolle streven te berieken.

Ale drij generoatsies ervoaren meugelkheden veur t maaken van heur eterijkeuzes (hoofdstuk 9). Zai geven aan dat ze ien heur leefomgeven leren kinnen over eten, meugelkheden hemmen om gezond eten kloar te maaken en meugelkheden hemmen om heur aigen beslizzen te nemen. Mainste gezinsleden geven aan dat de verdailen van autonomie (de kracht om oet aigen motieven te handeln) binnen t gezin n grote rol speult ien hou beslizzens, waaronder eterijkeuzes, nomen worden. Kiender, olders en grootolders moaken onderschaaid tussen t *kriegen* en t *geven* van agency van en aan gezinsleden en tussen *expliciete* en *impliciete* agency bepoalen. Volgens olders en grootolders kriegen kiender meer expliciet zeggenschap ien (eterij-)keuze ien t gezin, terwielt dat kiender heur zeggenschap meer impliciet ervoaren. Gezinsleden benuimen zeggenschap van de voader voak ien combinoatsie mit zeggenschap van kiender. Aalhouwel der voak vanoet goan wordt dat moekes veul zeggenschap hemmen ien t eterijkeuzeproses, bliket oet verhoalen van gezinsleden dat moeke wel dezulfde meugelkheden en veerdegheden het as voader, mor dat voader meer zeggenschap het dan moeke. Ondanks dat moekes n meer gedefinieerde rol ien t eterijkeuzeproses hemmen; zai beraaiden voaker t eten veur en koken t, worden zai voak (impliciet) beïnvloed deur keuzes en veurkeuren van voaders en kiender. Dit is t resultaat van percepties van olders op de meugelkheden en de zeggenschap van kiender ien heur hoesholden, woarien olders en grootolders aangeven dat dizze ien leste decennia gruid binnen veur t kiend. Grootolders ervoaren veul zeggenschap, dij- zoas ze zulf aangeven- baseerd is op heur wieshaaid, ervoaren en specioale verzörgerrol ien t gezinsleven.

Aandacht veur de rol van overgewicht en obesitas ien de gewaardeerde eterijkeuze

Ien t verlengde van de participatieve analyse van t eterijkeuzeproses discussieerden wie ook over gezondheidsoetkomsten en reloatsie tot de eterijkeuze van participanten. Oetgangspunt ien discussie over overgewicht bie kiender, olders en grootolders was of 'gezond gewicht' n belangrieke verworvenhaaid was veur heur persoanleke welwezen en wat dit betaiken zol. As wie gezonde en ongezone producten analyseren mit gezinsleden zain we bie ale drij generoatsies oetgesproken

ideeën over wat gezond en ongezond is om te eten of te drinken, mor dat er *tussen* generoatsies verschillen binnen ien de definitie van gezonde en ongezone producten. Belangrieker nog, wie zagen verschillen ien de definitie van n gezonde eterijkeuze per gezin en generoatsie. Summege gezinsleden geven aan dat heur eterijkeuze en heur gezondheidsoetkomsten staark ankander relateerd waren, terwiel dat aander gezinsleden gezondheidsoetkomsten en heur eterijkeuze nait per se ankander relateren en n gezond gewicht ook nait prioriteren. Ien reloatsie tot overgewicht en obesitas loaten participanten zain dat er dudleke verschillen binnen tussen de perceptie van zichzulf en de perceptie van aanderen. Ien dizze studie bekieken wie n kiendgericht perspectief, doar bedoulen wie mit dat ter n reloatsie is tussen hou olders en kiender heur (klaain-)kiender zain en hou zai omgoan mit overgewicht en obesitas. De reloatsie tussen kiend en (groot-)older, de menaaier woarop zai heur (klaain-)kiend representeren en opvouden willen, is van ienvlout op de menaaier woarop ze overgewicht en obesitas beleven. As olders willen dat heur kiend leert n onafhankelk persoon te wezen, dij aigen keuzes moaken kin, speult dit n rol ien menaaier woarop t gewicht van t kiend beschaauwd wordt en de weerde dij aan t gewicht hecht wordt. Doarnoast, ien gezinnen woar gezondheidsoetkomsten n belangrieke rol speulden ien t eterijkeuzeproces, waren olders en grootolders meer richt op t overgewicht of obesitas van heur (klaain-)kiend. Grootste verschillen zagen wie ien de perspectieven van olders op overgewicht of obesitas. Der binnen olders dij waaineg of gain belang hechten aan overgewicht of obesitas ien t gezin en dij der ook nait bezörgd om binnen, tot olders dij bezörgd binnen om heur aigen gewicht en t gewicht van heur kiender. Kiender zain overgewicht en obesitas bie zichzulf mor ervoaren dit nait as n gezondheidsprobleem mor binnen meer bezörgd om heur lichoamsvörm. Grootolders binnen voak nait bezörgd om heur aigen gewicht, de gezondheidsrisico's veur zichzulf en heur lichoamsvörm, mor binnen wel bezörgd om de gezondheids- en socioale risico's veur heur (klaain-)kiender.

d'Inzichten dij t proefschrift levert op t gebied van eterijkeuze kinnen nait lös zain worden van de socioale en culturele context dij n belangrieke rol speult. De weerdes dij gezinsleden veurop stellen ien heur eterijkeuze binnen baseerd op heur culturele schema's. De culturele context moakt n interpretoatsiesysteem woarop minsen normen en weerdes baseren. t Analyseren van culturele schema's relateerd aan d'eterijkeuze geven ienzicht ien en worrels aan t beeld van eten, kiend wezen, olderschap en agency en autonomie. Dizze binnen crucial om d'eterijkeuzes nog beder begriepen te kinnen. Doarom is ter oetgebraaid aandacht veur dizze context ien dit proefschrift.

t Begriepen van de worteling van gezinnen

Veul van de gezinnen gaven aan dat zai n staarke band vuilen mit de regio woarien ze wonen en dat ook heur eterijkeuzes en voedingsweerdas doar voak of mit deur bepoald worden. Zai geven ook aan dat, om heur eterijkeuzes te begriepen, t neudeg is om geschiedenis van regio te kennen. Ien dit proefschrift worden doarom expliciet cultuur, geschiedenis en de betaikenis dij participanten hieraan toukenden beschreven. Participanten benoadrukken normen en weerdes, zoas gewoon normaal doun, nait te stoer doun en loat je nait deur aanderen beïenvlouden. Dizze

worden grotendails reflecteerd ien de betaikenis van eten.

De betaikenis van eten

Mit deurdats eterijkeuze grotendails n geautomatiseerd proces was, was t lasteg de 'weerde' dij toukend wer aan eten te griepen (hoofdstuk 7). 'Gewoon eten' is t oetgangspunt veur veul gezinnen. Dizze gerichte kiek op eterijkeuze wer regelmoateg relateerd aan culturele context woarien d'eterijkeuze moakt wordt. t Berieken van n ainvoudeg, gelukkeg leven betaikent dat ter elementen kozen worden ien t leven dij gelukkeg moaken en bekend binnen, dus binnen n betraauwboare omgeven. d'Eterijkeuze is relateerd aan dizze kiek op t leven, woarien keuze veur zichzulf en 'nait te stoer kaizen' biedroagen aan de weerdevolle dingen dij beriekt binnen.

De betaikenis van t kiend en d'older

Omdat ien veul hoesholdens t kiend as oetgangspunt nomen wordt ien d'eterijkeuze, is t veur t begriepen van eterijkeuzes essentieel om te waiten hou olders en grootolders heur kiender benoadern. De percepties van wat n kiend wezen zol mouten en berieken in zien/heur leven binnen grond ien dijsulfde culturele context. Binnen dizze context zain olders en grootolders heur (klaain-kiend geern opgruien tot n onòfhankelk kiend. Onòfhankelhaid van aandern wordt zain as ain van mainst weerdevolle elementen veur t sociaale welwezen van t kiend. t Kiend mout focussen op zien of heur aigen keuze. Mor n kiend mout ien t hoesholden nait te stoer doun. Aalhouwel kiender ien òfgelopen decennia meer zeggenschap kregen hebben ien t gezin en kiender ook meer kritisch worden binnen noar wat heur serveerd wordt, mouten veul kiender op momenten ook 'eten wat de pot schaft'. De beïenvlouden van wat dij pot schaft wordt aal groter. Hiermit nemen kiender n oardeg staarke positie ien ien mainste gezinnen ien t onderzuik. Kiender binnen zich bewust van heur positie en benoadrukken dat heur olders heur helpen ien t nemen van onòfhankelke beslizzens, mor dat ze nog aal hun olders as 'laaiders' van t gezin zain. Moekes binnen in dij rol staark op zuik noar de weg van de minste weerstand en voaders sluten zich doar mainsstied bie aan. Hou dizze weg van de minste weerstand vonden wordt en woar grènzzen steld worden verschilt per gezin, mor ien ale gevallen draait t erom dat t kiend gelukkeg is. Hierbie worden grènzzen nog aal ains opschoven om de weerstand te mieden.

De betaikenis van gezondheid

Ook de menaaiier waarop n gemeinschap gezondheid ervoart is essentieel veur hou roadgevens opvolgd zel worden. As minsen wat nait as n probleem ervoaren is t ook stoer om n roadgeven op te volgen. d'Overwegen is altied wat de percepties van gezondheid binnen en of gezondheidsrisico's interpreteerd worden as n bedraaigen. t Beeld van n onòfhankelk en ainvoudeg leven speelt ook n rol ien welke ploats gezondheid en overgewicht ienneemt ien t gezin. Zo kin n gezin dat zich nait of minder beïenvlouden loaten wil deur experts van boetenòf of deur mainst recente ontwikkelns op t gebied van gebeurbeeld eterij, zich meer òfsluten willen veur gezondheid en overgewicht. Deur generoatsies hèn kin dit beeld van gezondheid en gezond eten ook veraandern.

Overwegens ien preventie, interventie en belaid

d'Essentie van t begriepen van gezinnen en heur eterijkeuze ligt ien d'aandacht veur t complexe systeem woarien eterijkeuzes moakt worden. Oetgangspunten binnen de culturele identiteit dij ontleend wordt aan eten, dij hail functioneel wezen kin (eten omdat t mout) of meerdere betaikenissen het en de weerdes dij doarmit soamenhangen. Om interventie of preventie ien te richten mouten weerdes van ale gezinsleden en dij der direct bie betrokken binnen onder de loop nomen worden. t Nut van eten en t nut van veraandern mout veur ale partijen dudelk wezen. De resultoaten van dit onderzoek geven overwegens dij bruukt worden kinnen ien preventie en interventie initiatieven op levensstiel. Der binnen vaaier focuspunten dij ien dit koader noar veuren schoven kinnen worden.

I. Focus op eterijdimensies, nait op overgewicht.

n Dudelke bosschop van dit proefschrift is dat n eterijkeuzeproces nooit exclusief gebonden is aan t moaken van n gezonde of ongezone keuze, mor dat keuze functionele, socioale en culturele overwegens integreert of/en n meer radicoale 'aigen keuze'. d'Integroatsie van verschillende weerdevolle doulen en prioriteiten ien eterijkeuze kin t perspectief op n eterijkeuze verbraaiden, lös van de focus op n gezonde of n ongezone eterijkeuze. d'Aandacht *veur aander thema's* dan *'gezondheid', zoas smook, traditie en socioale ienvlouden* kinnen discuzzies oproupen binnen preventie en interventie initiatieven. Betaikenis geven aan eterij en d'overheveln van betaikenisgeven van olders noar kiender *het veul meer potentie dan de enkelvoudige focus op everminderen van overgewicht as oetkomst van n interventie*. Dizze aanbevelen ondersteunt de suggestie van Antin (2012) dij onderschrift dat multidimensionale ienzichten ien eterijkeuze nog aal negeerd worden ien gezondheidsonderzoek, mor dat t fundamenteel is veur t succes van interventies ien d'publieke gezondheidszörg. Focus op BMI-indicatoren as oetkomsten van zo'n interventie kin staarke gevuilens van weerstand oproupen, zoals bediscuzzierd ien dit onderzoek en wat ook vonden wordt ien aander studies (beveurbeeld Thompson en Kumar, 2011), woarmit wie nog staarker aandacht vroagen willen veur t hanteren van meer indicatoren ien gezondheidsinterventies.

II. Focus op veerdegheden ien eterijkeuze, specifiek agency(kracht) verdailen ien t hoesholden en autonomie

t Waarden en definieren van agency mit en tussen ale gezinsleden is cruciaal om t eterijkeuzeproces te begriepen en analyseren, n claim dij ook ondersteund wordt veur individueel gezondheidsgedrag deur o.a. Ferrer (2014). Wie onderstrepn dat ien gezinnen de focus op agency en autonome veerdegheden van nog grotere betaikenis is. As ien interventies de *veerdegheden en agency verdailen van d'individuele gezinsleden verkend wordt*, kin dit ienzichten geven ien de doadwerkelke meugelkheden en veerdegheden van gezinsleden. Alhouwel t vermogen der lichtkans is, kinnen gezinsleden meschain d'agency of meugelkhaid nait hebben om heur vermogen te bruken. Binnen gezinnen (mit aansluten van grootolders) zal der n focus wezen mouten op t moaken van team agency (Biggeri, Ballet & Comim, 2011),woarien olders, kiender

en lichtkans grootolders waarken aan n optimoale roemte veur verschillende agency niveaus.

III. Focus op verschillende generoatsies en personen dij betrokken binnen bie n eterijkeuze

Tegenswoordeg binnen nait ale gezinsgerelateerde overgewichtinterventies derop veurberaad of derop richt om complexiteit van t gezinsleven te erkennen en te bruken ien interventies (Curtis, Stapleton & James, 2011). Ien dizze studie is t drijgeneroatsie-perspectief slim belangriek west omdat t 1) de verschillende rollen van verschillende gezinsleden blootleigde en 2) de veraanderns blootleigde dij generoatsies tiedens òfgelopen decennia observeerden (relateerd aan eterijkeuze). De betrokkenheid van drij generoatsies moakt t proces van eterijkeuze nait allinneg meer complex mor stelt ook de diversiteit en de vastholdendheid van ienzichten over tied, op t gebied van rol van kiender ien eterijkeuze, rol van context ien eterijkeuze, perceptie van gezonde en ongezonde producten enz. As perspectieven van ale gezinsleden mitnomen worden kin dit biedroagen aan d'impact dij interventie en preventie bosschoppen hebben op t gezin as gehail. Deur ook kiender, voaders en grootolders te vroagen noar heur rol en opinies kin heur rol definieerd worden.

IV. Focus op de daipere culturele betaikenissen binnen n regio en gebruik dizze ien preventie en interventie initiatieven

De visies dij minschen hebben op ongeliekheden binnen voak baseerd op hun percepties van soamenleven en socioale stoates, dij ienbed binnen ien culturele schema's. Dit ligt ien t verlengde van wat recente studies ook zain loaten; culturele schema's speulen n rol ien t beeld dat minschen hebben van hun soamenleven als gehail en d'individuele keuzes dij ze hbben binnen dij soamenleven (Binder, 2009). Dit benoadrukt nait allinneg de significantie van de context mor ook de complexe betaikenis van vrijheid en grènzten. Participanten dailden dat zai interventies ien heur directe, private omgeven nait waarderden as zai nait zulf de keuze moakt haren veur dizze interventie. Dit kin betaikenen dat omgeven woarien n gezin leeft intact blift, zunder dudelke interventie en preventie strategieën, dij ze nait waarderden. t Kin ook betaiken dat binnen dizze omgeven minschen meer ongezond blieven. Gezinnen vertellen dat ze activiteiten dij makkeltougankelt binnen t mainst waarderden, zunder n expliciete noadruk op onderwiezen en leren en activiteiten dij roemte baiden veur aigen keuze en mainen. Hiermit willen wie benoadrukken dat 'de dailnemer', de participant, veurop stoan mout. Dit laaidt tot de conclusie dat preventie en interventie activiteiten meer moatwaark veraaist. De constateren dat dizze ontwikkeln zich al ienzet het kinnen wie allinneg mor ondersteunen en stimuleren.

Toukommend onderzoek

De resultoaten van dit proefschrift impliceren de complexiteit van n eterijkeuze bie gezinnen. Gezinnen geven aan dat de keuze complex is en veul meer ienholdt dan allinneg n gezonde of ongezonde keuze. Ien dizze soamenleven, woarien keuzes tussen gezond en ongezond aal meer profileerd worden, is dit n belangrieke bosschop. Aan ain kaant stimuleren belaaidsmoakers en medici minschen om heur aigen keuzes te moaken en doarmit zulf sturen te geven aan heur

gezondheid, aan aander kant is ter de verwachten dat minsen zich holden aan de roadgevens dij geven worden. Dizze dubbele bosschop is ook vuilboar ien gezinnen en zai moaken over t algemeen n 'aigen keuze' en geven doarbie n aigen interpretoatsie van de roadgevens. Hierbie concluderen wie dat d'aandacht liggen zel mouten op t ontplooien van t aigen keuzeperspectief van de gezinnen en nait allinneg op t 'terugdringen van overgewicht'. Persies om dizze reden is t van belang om eterijkeuzes van gezinnen meer centroal te stellen ien onderzoek noar overgewicht (mit betrekken van grootolders, as t relevant is). Alhouwel wie nait negeren kinnen dat eterijkeuzes intensief en oetgebraaid onderzocht binnen en doaroet aal veul lezzen trokken binnen, binnen der nog wel stappen te moaken ien t aannemen van n meer participatieve benoadern en perspectief van gezinnen ien studies noar t eterijkeuzeproces en gerelateerde interventies en preventie initiatieven. Doarom viend k t roadzoam om meer onderzoek te doun noar drij gerelateerde mor verschillende thema's dij biedroagen kinnen aan verdere conceptualisering en begrip van (leefstijlgerelateerde) keuzes.

Ten eersten, baseerd op resultoaten van t onderzoek, is ter ienzicht neudeg ien rol van voaders en grootolders ien (gezonde) leefstijlkeuzes van kiender. Ien ons onderzoek zagen we dat dizze baaide rollen n belangrieke ienvlound hebben kinnen op t kiend (hoofdstuk 7 en 9), mor precieze reloatsie en ienvlound van eterijkeuzes mout verder onderzocht worden.

Doarnoast binnen we ien dizze studie begonnen mit t exploreren van Sen's Capability approach vanoet n kiendperspectief, woardeur we heur ienzichten ien heur weerdevolle verworvenheden en capaciteit, bekwoamheid en vermogen noar veuren brocht hebben. Wie willen onderzoek noar de capabilities en functionings van kiender vanoet n braaide verschaaidenhaid aan onderwaarpen ien verschillende contexten aanpeerdjen (zai ook Biggeri & Karkara, 2014). As leste willen wie onderzuiken aanpeerdjen mit t veurgestelde roamwaark (hoofdstuk 2), dus t oetbraaiden van holistische etnografisch onderzoek noar eterijkeuzes. Doarveur zol t interessant wezen om vergeliend onderzoek te doun tussen regio's om te begriepen of ter regionale verschillen en overainkomsten binnen, ien stedelijke en ien landeleke setting.



Mijn eerste eigen voedingskeuze-ervaring in Noordoost Groningen was in Finsterwolde, waar ik een broodje met salade en een klein flesje frisdrank kocht in de plaatselijke supermarkt. Elke stap die ik zette in die supermarkt was ik me bewust van mijn voedingskeuze. Was het gezond genoeg om een onderzoeker te zijn naar voedingskeuzes in Noordoost Groningen? Of juist te gezond? Terwijl ik in de rij stond voor de kassa, bedacht ik me dat mensen niet zozeer keken naar wat ik kocht, maar naar wie ik was; toen nog een vreemde in het Noordoostelijke landschap. Concluderend dat voedingskeuzes te maken hebben met wie je bent, in een gemeenschap, in je familie en gezin en te maken hebben met wie er belangrijk voor je zijn, hebben me bewuster gemaakt van mijn eigen rol, niet alleen in onderzoek, maar ook daarbuiten.

Bewust zijn en bewust worden van jezelf, anderen; deze hele periode, van onderzoeken tot schrijven, heeft me veel geleerd. Over mezelf en over anderen. Wie ik ben en wie ik ben in verhouding tot anderen. En voor die periode van leren en volwassen worden, moet ik veel mensen bedanken. Veel mensen hebben, ieder op hun eigen manier, meegedacht, kritische vragen gesteld, me begeleid en afgeleid, om keuzes te maken en af te ronden.

Participanten, van jong tot oud, toegangspoorten tot het werk in noordoost Groningen. Ik wil jullie namen niet noemen, al is dat eigenlijk niet verdiend. Ze zouden hier met koeienletters moeten staan. Ik heb me welkom gevoeld en ik vind het geweldig dat zo'n groep mensen zich heeft opengesteld voor mijn vragen en verzoeken. Jullie vormen de kern van dit proefschrift en dat voelt ook echt zo. Zonder jullie perspectieven en ideeën, het uiten van jullie zorgen en ook het aandragen van een kritische noot en nieuwe perspectieven was dit onderzoek er niet geweest. Ik heb genoten van mijn veldwerk. *t Het mooi west.*

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Inge, je hebt me geleerd wat het betekent om etnograaf/antropoloog te zijn in de Demografie.

Al tijdens de master *Population Studies* heb je me laten zien wat Demografie allemaal kan zijn en dat heeft me geïnspireerd me verder te ontwikkelen in dit vakgebied. Het gevoel dat je me volgde, al was het nu en dan op wat meer afstand, gaf me goede ondersteuning. Je reflecterende vragen lieten me altijd weer nadenken, voornamelijk over etnografieën, kwalitatief onderzoek en kwaliteit van onderzoek. Je hebt een zware tijd gehad nadat Hans overleed, en ik ben blij dat ik je tijdens mijn PhD-traject weer heb zien terugkomen, om uiteindelijk je nieuwe pad te vinden bij ISS. Ik mag je dankbaar zijn dat je zo goed voor je PhD's zorgt; het heeft me een prachtig project opgeleverd bij OCW. Dank je wel.

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